

CONTAINS NO CBI



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EPA-OTS



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90-890000 255

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OTS DOCUMENT CONTROL
OFFICE

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

Comprehensive Assessment Information Rule

REPORTING FORM

When completed, send this form to:

Document Processing Center
Office of Toxic Substances, TS-790
U.S. Environmental Protection Agency
401 M Street, SW
Washington, DC 20460
Attention: CAIR Reporting Office

For Agency Use Only:

Date of Receipt: _____

Document
Control Number: _____

Docket Number: _____

SECTION 1 GENERAL MANUFACTURER, IMPORTER, AND PROCESSOR INFORMATION

PART A GENERAL REPORTING INFORMATION

1.01 This Comprehensive Assessment Information Rule (CAIR) Reporting Form has been completed in response to the Federal Register Notice of..... [1][2] [2][2] [8][8]
CBI mo. day year

- ☐ a. If a Chemical Abstracts Service Number (CAS No.) is provided in the Federal Register, list the CAS No. [][2][6][4][7][1]-[6][2]-[5]
- b. If a chemical substance CAS No. is not provided in the Federal Register, list either (i) the chemical name, (ii) the mixture name, or (iii) the trade name of the chemical substance as provided in the Federal Register.
- (i) Chemical name as listed in the rule _____
- (ii) Name of mixture as listed in the rule _____
- (iii) Trade name as listed in the rule _____
- c. If a chemical category is provided in the Federal Register, report the name of the category as listed in the rule, the chemical substance CAS No. you are reporting on which falls under the listed category, and the chemical name of the substance you are reporting on which falls under the listed category.
- Name of category as listed in the rule _____
- CAS No. of chemical substance [][][][][][]-[][]-[]
- Name of chemical substance _____

1.02 Identify your reporting status under CAIR by circling the appropriate response(s).

- CBI Manufacturer 1
- ☐ Importer 2
- Processor ③
- X/P manufacturer reporting for customer who is a processor 4
- X/P processor reporting for customer who is a processor 5

☐ Mark (X) this box if you attach a continuation sheet.

**MATERIAL SAFETY
DATA SHEET**

 BASF Corporation Chemicals Division
 100 Cherry Hill Road, Parsippany, New Jersey 07054, (201) 263-3400

BASF
CARNE

PRODUCT NUMBER: 584780

ELASTAN* 6054U Isocyanate

SECTION I

*Registered Trademark

TRADE NAME: ELASTAN* 6054U Isocyanate

CHEMICAL NAME: Mixture

SYNONYMS: Isocyanate

FORMULA: N/A

CHEMICAL FAMILY: Urethane System Isocyanate Comp.

MOL. WGT.: Mixture

SECTION II - INGREDIENTS

| COMPONENT | CAS NO. | % | PEL/TLV - SOURCE |
|--|---------------------|-----|--|
| ELASTAN* 6054U Isocyanate --Proprietary | Mixture | 100 | Not established |
| Contains: | | | |
| Diphenylmethane Diisocyanate--MDI | 101-88-8 | >25 | 0.02 ppm OSHA, ACGIH 2983 ceiling |
| Toluene Diisocyanate--TDI | 584-84-9 91-08-7 | <2 | 0.005 ppm ACGIH, 1983. OSHA PEL 0.02 ppm ceiling |
| Isocyanate Prepolymer --Proprietary | | >73 | Not established |

SECTION III - PHYSICAL DATA

BOILING/MELTING POINT @760 mm Hg: >400 F

pH: N/A

VAPOR PRESSURE mm Hg @20 C: <.01

Viscosity @ 77F 2825 cps.

SPECIFIC GRAVITY OR BULK DENSITY: 1.08

Density @ 77 F: 8.99 lbs/gal

SOLUBILITY IN WATER: Water Reacts

APPEARANCE: Yellow Liquid

ODOR: Pungent

INTENSITY: Strong

SECTION IV - FIRE AND EXPLOSION HAZARD DATA

FLASH POINT (TEST METHOD): >200 F PMCT

AUTOIGNITION TEMP: N/A

FLAMMABILITY LIMITS IN AIR (% BY VOL)

LOWER: N/A

UPPER: N/A

 EXTINGUISHING
MEDIUM

Use water fog, foam or CO2 extinguishing media.

 SPECIAL
FIREFIGHTING
PROCEDURES

Firefighters must be equipped with self-contained breathing apparatus and turnout gear. Personnel engaged in fighting isocyanate fires must be protected against

 UNUSUAL FIRE
AND EXPLOSION
HAZARDS

nitrogen dioxide fumes as well as isocyanate vapors. Avoid water contamination in closed containers or confined areas; carbon dioxide gas is generated.

EMERGENCY TELEPHONE NUMBER

CHEMTREC 800-424-9300

201-263-3400

THIS NUMBER IS AVAILABLE DAYS, NIGHTS, WEEKENDS, AND HOLIDAYS

PRODUCT NUMBER: 584780

ELASTAN* 6054U Isocyanate

SECTION V - HEALTH DATA**TOXICOLOGICAL TEST DATA:****RESULT:**

ELASTAN* 6054U Isocyanate

Diphenylmethane Diisocyanate--MDI

Toluene Diisocyanate--TDI

Rat, Oral LD50

Mouse, Inhalation LC50

Respiratory sensitization possible

Severe eye and skin irritant, sensitizer

5.8 g/kg.

10 ppm/4 H

EFFECTS OF OVEREXPOSURE:

Inhalation of the vapors causes severe irritation to lungs and pulmonary edema can occur after a serious vapor exposure.
 Liquid contact causes serious skin and eye burns.
 Pulmonary sensitization can occur in some individuals leading to asthma-type spasms of the bronchial tubes and difficulty in breathing.
 Preclude from exposure to those individuals having a history of respiratory illness, asthmatic conditions, eye damage or TDI sensitization.
 Recent studies indicate that overexposure may be associated with chronic lung impairment.
 In a recent long-term NTP study, TDI produced tumors when given orally to rats and mice at maximum tolerated doses, however, TDI was not carcinogenic to rats in a two-year inhalation study.

FIRST AID PROCEDURES:

Eyes--Flush eyes with flowing water for at least 15 minutes
 If irritation develops, consult a physician.
 Skin--Wash affected skin areas thoroughly with soap and water.
 Remove clothing and launder contaminated clothing before reuse. If irritation develops, consult a physician.
 Ingestion--If swallowed, dilute with water.
 Do NOT induce vomiting.
 Never give fluids or induce vomiting if the victim is unconscious or having convulsions.
 Get medical attention immediately.
 Inhalation--If inhaled, move to fresh air. Aid in breathing if necessary, and get medical attention.

SECTION VI - REACTIVITY DATA**STABILITY:**

Stable.

CONDITIONS TO AVOID:

Avoid temperatures >40 C for extended periods of time.

CHEMICAL INCOMPATIBILITY:

Basic compounds, caustic soda, tertiaryamines, water

HAZARDOUS DECOMPOSITION PRODUCTS:

TDI vapors, oxides of nitrogen, CO and HCN.

HAZARDOUS POLYMERIZATION:

MAY occur.

Avoid contamination with moisture

CONDITIONS TO AVOID:

and other products that react with isocyanates.

CORROSIVE TO METAL:

No

OXIDIZER:

No

SECTION VII - SPECIAL PROTECTION**RESPIRATORY PROTECTION:**

Approved respirator for transferring operations or escape.
 Self-contained breathing apparatus if the P.E.L. is exceeded, or in confined areas or if a leak occurs.

EYE PROTECTION:

Wear fitted goggles or face shield and safety glasses.

PROTECTIVE CLOTHING:

Rubber gloves, coveralls, boots, and rubber apron which must be cleaned after each use.

VENTILATION:

Use local exhaust wherever vapors are generated.

OTHER:

Maintain work area below P.E.L.

PRODUCT NUMBER: 584780 ELASTAN* 6054U Isocyanate

SECTION VIII - ENVIRONMENTAL DATA

ENVIRONMENTAL TOXICITY DATA:

None available.

SPILL AND LEAK PROCEDURES:

ELASTAN* 6054U Isocyanate is not a RCRA-regulated product. Wear protective clothing and evacuate all not involved in the cleanup. For minor spills, absorb with absorbent and containerize into open top drums. Decontaminate absorbent and spill area with a mixture of 90% water, 8% ammonia and

HAZARDOUS SUBSTANCE SUPERFUND: No RQ (lbs):

WASTE DISPOSAL METHOD:

2% detergent. Dispose of waste in a licensed facility.
Incinerate or landfill in a licensed facility.
Do not discharge into waterways or sewers.

HAZARDOUS WASTE 40CFR261: No

HAZARDOUS WASTE NUMBER:

CONTAINER DISPOSAL:

Containers should be neutralized with liquid decontaminate. Decontaminated containers must remain open for at least 48 hours to allow CO2 gas evolved to escape. Drums may then be disposed of in a licensed facility.

SECTION IX - SHIPPING DATA

D.O.T. PROPER SHIPPING NAME (49CFR172.101-102)

None

HAZARDOUS SUBSTANCE
(49CFR CERCLA LIST)

REPORTABLE QUANTITY (RQ)

D.O.T. HAZARD CLASSIFICATION (CFR172.101-102)

PRIMARY
None

SECONDARY

D.O.T. LABELS REQUIRED (49CFR172.101-102)

None

D.O.T. PLACARDS
REQUIRED (CFR172.504)

POISON CONSTITUENT
(49CFR172.203(K))

BILL OF LADING DESCRIPTION

Plastic, Synthetic, Liquid, NOIBN (Contains Diphenylmethane Diisocyanate)

CC NO. 349

UN/NA CODE None

DATE PREPARED: 4 / 11 / 86

UPDATED: 4 / 11 / 86

WHILE BASF CORPORATION BELIEVES THE DATA SET FORTH HEREIN ARE ACCURATE AS OF THE DATE HEREOF, BASF CORPORATION MAKES NO WARRANTY WITH RESPECT THERETO AND EXPRESSLY DISCLAIMS ALL LIABILITY FOR RELIANCE THEREON. SUCH DATA ARE OFFERED SOLELY FOR YOUR CONSIDERATION, INVESTIGATION, AND VERIFICATION.

PRODUCT NUMBER: 584780

ELASTAN* 6054U Isocyanate

SECTION X - PRODUCT LABEL

ELASTAN* 6054U Isocyanate

**WARNING: CAUSES IRRITATION
HARMFUL IF INHALED.
MAY CAUSE ALLERGIC SKIN OR RESPIRATORY REACTION.**

Do not breathe vapors or mists. Vapors are harmful below odor threshold and should not be inhaled by individuals subject to bronchial asthma. In certain susceptible individuals, sensitization to vapor may occur as a result of repeated breathing of vapor or mist. Keep away from eyes, skin and clothing. Keep container closed when not in use. Wash thoroughly after handling. Wear splash goggles, rubber gloves, protective plastic apron and respiratory protection (MSHA/NIOSH-approved).

FIRST AID:

- Eyes** - Immediately flush eyes with running water for at least 15 minutes. Call a doctor at once.
- Skin** - Wash affected areas with soap and water. Remove all contaminated clothing and shoes. Discard shoes and launder clothing before reuse.
- Ingestion** - If swallowed, give the victim large amounts of water to dilute. If vomiting occurs, give more water. Never give fluids or induce vomiting if the victim is unconscious or having convulsions. Call a doctor immediately.
- Inhalation** - Move to fresh air. Give artificial respiration, preferably mouth to mouth if the victim is not breathing. If breathing is difficult, oxygen may be given by qualified personnel. Call a doctor immediately.

IN CASE OF FIRE: Use water spray, foam or CO2 extinguishing media. Firefighters should be equipped with self-contained breathing apparatus and turnout gear for protection against MDI vapors and toxic decomposition products. Avoid water contamination in closed container or confined area (CO2 evolved).

HANDLING AND STORAGE: Keep containers closed and store in a well ventilated cool, dry place. Outage of the container should be filled with dry inert gas at atmospheric pressure to avoid reaction with moisture. Contamination by moisture and basic compounds can cause dangerous pressure build-up in a closed container.

STORE BETWEEN 25-35 C TO PROTECT PRODUCT QUALITY.

Mix before using. Use only with adequate ventilation which will keep the vapor concentrations below the TLV ceiling limit of 0.02 ppm.

IN CASE OF SPILLS AND LEAKS: Wear protective plastic clothing, rubber gloves and boots, splash goggles and self-contained breathing apparatus. Cover spill with inert dirt. Follow disposal instructions in the BASF Technical Service Report on MDI or contact CHEMTREC. Do not place spilled material in a closed container because reaction with moisture may cause dangerous pressure build-up.

ENVIRONMENTAL HAZARDS: MDI may cause pollution. Do not discharge into the ground, streams, ponds or public waters. For guidance, contact your regional office of the Environmental Protection Agency.

EMPTY CONTAINERS: The container may be unsafe due to product residues. All labeled precautions must be observed.

DISPOSAL: Spilled material, unused contents and empty containers should be neutralized and disposed of in accordance with local, state and federal regulations.

IN CASE OF EMERGENCY: Call CHEMTREC 800-424-9300 day or night for assistance and information concerning spilled material, fire, exposure or other accidents.

FOR INDUSTRY USE ONLY!

Contains Diphenylmethane Diisocyanate: CAS No. 101-68-8
Contains Toluene Diisocyanate: CAS No. 584-84-9; 91-08-7

1.03 Does the substance you are reporting on have an "x/p" designation associated with it in the above-listed Federal Register Notice?

CBI

Yes ☒ Go to question 1.04

☐

No ☐ Go to question 1.05

1.04 a. Do you manufacture, import, or process the listed substance and distribute it under a trade name(s) different than that listed in the Federal Register Notice? Circle the appropriate response.

CBI

Yes 1

☐

No (2)

b. Check the appropriate box below:

☐ You have chosen to notify your customers of their reporting obligations

Provide the trade name(s)

☐ You have chosen to report for your customers

☐ You have submitted the trade name(s) to EPA one day after the effective date of the rule in the Federal Register Notice under which you are reporting.

1.05 If you buy a trade name product and are reporting because you were notified of your reporting requirements by your trade name supplier, provide that trade name.

CBI

Trade name 584780 Elastan 6054U ISO

☐

Is the trade name product a mixture? Circle the appropriate response.

Yes 1

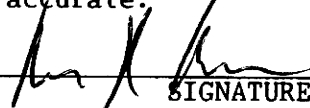
No (2)

1.06 Certification -- The person who is responsible for the completion of this form must sign the certification statement below:

CBI

☐ "I hereby certify that, to the best of my knowledge and belief, all information entered on this form is complete and accurate."

John Kurnas
NAME


SIGNATURE

6-9-89
DATE SIGNED


Chief Chemist
TITLE

(301) 355 - 0813
TELEPHONE NO.

☐ Mark (X) this box if you attach a continuation sheet.

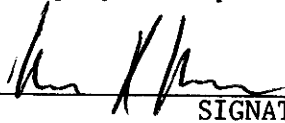
- 1.07 Exemptions From Reporting -- If you have provided EPA or another Federal agency with the required information on a CAIR Reporting Form for the listed substance within the past 3 years, and this information is current, accurate, and complete for the time period specified in the rule, then sign the certification below. You CBI ☐ are required to complete section 1 of this CAIR form and provide any information now required but not previously submitted. Provide a copy of any previous submissions along with your Section 1 submission.

"I hereby certify that, to the best of my knowledge and belief, all required information which I have not included in this CAIR Reporting Form has been submitted to EPA within the past 3 years and is current, accurate, and complete for the time period specified in the rule."

| | | |
|-------------------------------|--|--|
| <u>John Kurnas</u> NAME | <u></u> SIGNATURE | <u>6-9-89</u> DATE SIGNED |
| <u>Chief Chemist</u> TITLE | <u>(301) 355 - 0813</u> TELEPHONE NO. | <u>none</u> DATE OF PREVIOUS SUBMISSION |

- 1.08 CBI Certification -- If you have asserted any CBI claims in this report you must certify that the following statements truthfully and accurately apply to all of those confidentiality claims which you have asserted.

CBI ☐ "My company has taken measures to protect the confidentiality of the information, and it will continue to take these measures; the information is not, and has not been, reasonably ascertainable by other persons (other than government bodies) by using legitimate means (other than discovery based on a showing of special need in a judicial or quasi-judicial proceeding) without my company's consent; the information is not publicly available elsewhere; and disclosure of the information would cause substantial harm to my company's competitive position."

| | | |
|-------------------------------|--|------------------------------|
| <u>John Kurnas</u> NAME | <u></u> SIGNATURE | <u>6-9-89</u> DATE SIGNED |
| <u>Chief Chemist</u> TITLE | <u>(301) 355 - 0813</u> TELEPHONE NO. | |

☐ Mark (X) this box if you attach a continuation sheet.

PART B CORPORATE DATA

1.09 Facility Identification

CBI Name [S][p][o][r][t][e][c][I][n][t][e][r][n][a][t][i][o][n][a][l], [I][n][c]
[] Address [1][9][5][5][A][C][h][e][s][a][p][e][a][K][e][A][v][e][n][u][e]
[B][a][l][t][i][m][o][r][e]
City
[M][D] [2][1][2][2][6]--[]-[]-[]
State Zip

Dun & Bradstreet Number[]-[]-[]-[]-[]-[]

EPA ID Number[]-[]-[]-[]-[]-[]

Employer ID Number[6][2][1][1][2][9][3][1][4]

Primary Standard Industrial Classification (SIC) Code[1][7][9][9]

Other SIC Code[]-[]-[]

Other SIC Code[]-[]-[]

1.10 Company Headquarters Identification

CBI Name [S][p][o][r][t][e][c][I][n][t][e][r][n][a][t][i][o][n][a][l], [I][n][c]
[] Address [M][a][r][r][i][a][y][I][n][d][u][s][t][r][i][a][l][P][a][r][k]
[C][h][a][t][s][w][o][r][t][h]
City
[G][A] [3][0][7][0][5]--[]-[]-[]
State Zip

Dun & Bradstreet Number[]-[]-[]-[]-[]-[]

Employer ID Number[6][2][1][1][2][9][3][1][4]

[] Mark (X) this box if you attach a continuation sheet.

1.11 Parent Company Identification

CBI Name [T][e][c][s][y][n][] [I][n][t][e][r][n][a][t][i][o][n][a][l][] [I][n][c][]
[] Address [T][I][O][] [H][a][n][n][o][v][e][r][] [D][r][i][v][e][] [] [] [] [] [] []
Street
[S][f][] [C][a][t][h][a][r][i][n][e][S][] [] [] [] [] [] [] [] [] [] []
City
Ontario Canada L2R 6Z4
[] [] [] [] [] [] [] [] [] []
State Zip
Dun & Bradstreet Number [] [] - [] [] [] - [] [] [] []

1.12 Technical Contact

CBI Name [J][o][h][n][] [K][u][r][n][a][s][] [] [] [] [] [] [] [] [] [] []
[] Title [C][h][i][e][f][] [C][h][e][m][i][s][t][] [] [] [] [] [] [] [] [] [] []
Address [T][9][S][S][A][] [C][h][e][s][a][p][e][a][k][e][] [A][v][e][n][u][e][] []
Street
[B][a][t][t][i][m][o][r][e][] [] [] [] [] [] [] [] [] [] []
City
[M][D][] [2][] [2][2][6][] - [] [] [] []
State Zip
Telephone Number [3][0][7][] - [3][5][5][] - [0][8][7][3][]

1.13 This reporting year is from [0][9][] [8][2][] to [0][8][] [8][8][]
Mo. Year Mo. Year

[] Mark (X) this box if you attach a continuation sheet.

NA

[illegible]

Street

City

State

Zip

[] [] [] [] [] [] [] []

Mo.

Day

Year

[illegible]
$$[\overline{(\quad)}] \overline{(\quad)} \overline{(\quad)} - [\overline{(\quad)}] \overline{(\quad)} \overline{(\quad)} - [\overline{(\quad)}] \overline{(\quad)} \overline{(\quad)} \overline{(\quad)}$$

NA

[illegible]

Street

City

State

Zip

[] [] [] [] [] [] [] [] []

Mo.

Day

Year

$$[\overline{1}] \overline{2} \overline{3}] - [\overline{1}] \overline{2} \overline{3}] - [\overline{1}] \overline{2} \overline{3}] \overline{4}]$$

☐ Mark (X) this box if you attach a continuation sheet.

1.16 For each classification listed below, state the quantity of the listed substance that was manufactured, imported, or processed at your facility during the reporting year.

CBI

| <input type="checkbox"/> <u>Classification</u> | <u>Quantity (kg/yr)</u> |
|--|-------------------------|
| Manufactured | <u>0</u> |
| Imported | <u>0</u> |
| Processed (include quantity repackaged) | <u>15036</u> |
| Of that quantity manufactured or imported, report that quantity: | |
| In storage at the beginning of the reporting year | <u>NA</u> |
| For on-site use or processing | <u>NA</u> |
| For direct commercial distribution (including export) | <u>NA</u> |
| In storage at the end of the reporting year | <u>NA</u> |
| Of that quantity processed, report that quantity: | |
| In storage at the beginning of the reporting year | <u>163</u> |
| Processed as a reactant (chemical producer) | <u>NA</u> |
| Processed as a formulation component (mixture producer) | <u>NA</u> |
| Processed as an article component (article producer) | <u>15036</u> |
| Repackaged (including export) | <u>NA</u> |
| In storage at the end of the reporting year | <u>2236</u> |

☐ Mark (X) this box if you attach a continuation sheet.

1.17 Mixture -- If the listed substance on which you are required to report is a mixture or a component of a mixture, provide the following information for each component chemical. (If the mixture composition is variable, report an average percentage of each component chemical for all formulations.)

NA

[]

| Component Name | Supplier Name | Average % Composition by Weight (specify precision, e.g., 45% ± 0.5%) |
|----------------|---------------|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | Total 100% |

☐ Mark (X) this box if you attach a continuation sheet.

2.04 State the quantity of the listed substance that your facility manufactured, imported, or processed during the 3 corporate fiscal years preceding the reporting year in descending order.

CBI

☐ Year ending [0]8 [8]7
Mo. Year

Quantity manufactured 0 kg

Quantity imported 0 kg

Quantity processed 57399 kg

Year ending [0]8 [8]6
Mo. Year

Quantity manufactured 0 kg

Quantity imported 0 kg

Quantity processed 37981 kg

Year ending [0]8 [8]5
Mo. Year

Quantity manufactured 0 kg

Quantity imported 0 kg

Quantity processed 19844 kg

2.05 Specify the manner in which you manufactured the listed substance. Circle all appropriate process types.

CBI

- ☐ Continuous process 1
- Semicontinuous process 2
- Batch process 3

☐ Mark (X) this box if you attach a continuation sheet.

2.06 Specify the manner in which you processed the listed substance. Circle all appropriate process types.

- ☐ Continuous process 1
- ☐ Semicontinuous process 2
- ☐ Batch process ③

2.07 State your facility's name-plate capacity for manufacturing or processing the listed substance. (If you are a batch manufacturer or batch processor, do not answer this question.)

- CBI *NA*
- ☐ Manufacturing capacity kg/yr
- ☐ Processing capacity kg/yr

2.08 If you intend to increase or decrease the quantity of the listed substance manufactured, imported, or processed at any time after your current corporate fiscal year, estimate the increase or decrease based upon the reporting year's production volume.

| <input type="checkbox"/> | Manufacturing Quantity (kg) | Importing Quantity (kg) | Processing Quantity (kg) |
|--------------------------|--------------------------------|----------------------------|-----------------------------|
| Amount of increase | <i>NA</i> | <i>NA</i> | <i>none</i> |
| Amount of decrease | <i>NA</i> | <i>NA</i> | <i>none</i> |

☐ Mark (X) this box if you attach a continuation sheet.

2.09 For the three largest volume manufacturing or processing process types involving the listed substance, specify the number of days you manufactured or processed the listed substance during the reporting year. Also specify the average number of hours per day each process type was operated. (If only one or two operations are involved, list those.)

CBI

☐

Days/Year Average
Hours/Day

Process Type #1 (The process type involving the largest quantity of the listed substance.)

| | | |
|--------------------|------------|--------------|
| Manufactured | <u>NA</u> | <u>NA</u> |
| Processed | <u>100</u> | <u>1 1/2</u> |

Process Type #2 (The process type involving the 2nd largest quantity of the listed substance.)

| | | |
|--------------------|-----------|-------|
| | <u>NA</u> | |
| Manufactured | _____ | _____ |
| Processed | _____ | _____ |

Process Type #3 (The process type involving the 3rd largest quantity of the listed substance.)

| | | |
|--------------------|-----------|-------|
| | <u>NA</u> | |
| Manufactured | _____ | _____ |
| Processed | _____ | _____ |

2.10 State the maximum daily inventory and average monthly inventory of the listed substance that was stored on-site during the reporting year in the form of a bulk chemical.

CBI

☐

Response not required for TDI

| | | |
|---------------------------------|-------|----|
| Maximum daily inventory | _____ | kg |
| Average monthly inventory | _____ | kg |

☐ Mark (X) this box if you attach a continuation sheet.

- 2.11 Related Product Types -- List any byproducts, coproducts, or impurities present with the listed substance in concentrations greater than 0.1 percent as it is manufactured, imported, or processed. The source of byproducts, coproducts, or impurities means the source from which the byproducts, coproducts, or impurities are made or introduced into the product (e.g., carryover from raw material, reaction product, etc.).

CBI

☐

| CAS No. | Chemical Name | Byproduct, Coproduct or Impurity ¹ | Concentration (%) (specify ± % precision) | Source of By-products, Coproducts, or Impurities |
|------------|------------------------------|---|---|--|
| 26421-62-5 | Toluene Diisocyanate | I | 1% ± 1% | carryover from raw material |
| 101-68-8 | Diphenylmethane Diisocyanate | C | 25% ± 5% | carryover from raw material |
| Not listed | Isocyanate Prepolymer | C | 74% ± 5% | reaction product |
| | | | | |
| | | | | |
| | | | | |

¹Use the following codes to designate byproduct, coproduct, or impurity:

B = Byproduct
C = Coproduct
I = Impurity

☐ Mark (X) this box if you attach a continuation sheet.

- 2.12 Existing Product Types -- List all existing product types which you manufactured, imported, or processed using the listed substance during the reporting year. List the quantity of listed substance you use for each product type as a percentage of the total volume of listed substance used during the reporting year. Also list the quantity of listed substance used captively on-site as a percentage of the value listed under column b., and the types of end-users for each product type. (Refer to ☐ the instructions for further explanation and an example.)

CBI

☐

| a. | b. | c. | d. |
|----------------------------|---|--|--------------------------------|
| Product Types ¹ | % of Quantity Manufactured, Imported, or Processed | % of Quantity Used Captively On-Site | Type of End-Users ² |
| L | 100% | 100% | CM |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

¹Use the following codes to designate product types:

| | |
|--|---|
| A = Solvent | L = Moldable/Castable/Rubber and additives |
| B = Synthetic reactant | M = Plasticizer |
| C = Catalyst/Initiator/Accelerator/ Sensitizer | N = Dye/Pigment/Colorant/Ink and additives |
| D = Inhibitor/Stabilizer/Scavenger/ Antioxidant | O = Photographic/Reprographic chemical and additives |
| E = Analytical reagent | P = Electrodeposition/Plating chemicals |
| F = Chelator/Coagulant/Sequestrant | Q = Fuel and fuel additives |
| G = Cleanser/Detergent/Degreaser | R = Explosive chemicals and additives |
| H = Lubricant/Friction modifier/Antiwear agent | S = Fragrance/Flavor chemicals |
| I = Surfactant/Emulsifier | T = Pollution control chemicals |
| J = Flame retardant | U = Functional fluids and additives |
| K = Coating/Binder/Adhesive and additives | V = Metal alloy and additives |
| | W = Rheological modifier |
| | X = Other (specify) _____ |

²Use the following codes to designate the type of end-users:

| | |
|-----------------|---------------------------|
| I = Industrial | CS = Consumer |
| CM = Commercial | H = Other (specify) _____ |

☐ Mark (X) this box if you attach a continuation sheet.

- 2.13 Expected Product Types -- Identify all product types which you expect to manufacture, import, or process using the listed substance at any time after your current corporate fiscal year. For each use, specify the quantity you expect to manufacture, import, or process for each use as a percentage of the total volume of listed substance used during the reporting year. Also list the quantity of listed substance used captively on-site as a percentage of the value listed under column b., and the types of end-users for each product type. (Refer to the instructions for further explanation and an example.)

CBI

☐

| a. | b. | c. | d. |
|----------------------------|---|--|--------------------------------|
| Product Types ¹ | % of Quantity Manufactured, Imported, or Processed | % of Quantity Used Captively On-Site | Type of End-Users ² |
| L | 100% | 100% | CM |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

¹Use the following codes to designate product types:

| | |
|--|---|
| A = Solvent | L = Moldable/Castable/Rubber and additives |
| B = Synthetic reactant | M = Plasticizer |
| C = Catalyst/Initiator/Accelerator/ Sensitizer | N = Dye/Pigment/Colorant/Ink and additives |
| D = Inhibitor/Stabilizer/Scavenger/ Antioxidant | O = Photographic/Reprographic chemical and additives |
| E = Analytical reagent | P = Electrodeposition/Plating chemicals |
| F = Chelator/Coagulant/Sequestrant | Q = Fuel and fuel additives |
| G = Cleanser/Detergent/Degreaser | R = Explosive chemicals and additives |
| H = Lubricant/Friction modifier/Antiwear agent | S = Fragrance/Flavor chemicals |
| I = Surfactant/Emulsifier | T = Pollution control chemicals |
| J = Flame retardant | U = Functional fluids and additives |
| K = Coating/Binder/Adhesive and additives | V = Metal alloy and additives |
| | W = Rheological modifier |
| | X = Other (specify) _____ |

²Use the following codes to designate the type of end-users:

| | |
|-----------------|---------------------------|
| I = Industrial | CS = Consumer |
| CM = Commercial | H = Other (specify) _____ |

☐ Mark (X) this box if you attach a continuation sheet.

2.14 Final Product -- Complete the following table for each type of final product manufactured, imported, or processed at your facility that contains the listed substance other than as an impurity.

☐

| a. | b. | c. | d. |
|---------------------------|--|--|--------------------------------|
| Product Type ¹ | Final Product's Physical Form ² | Average % Composition of Listed Substance in Final Product | Type of End-Users ³ |
| <u>L</u> | <u>F4</u> | <u>none</u> | <u>CM</u> |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

¹Use the following codes to designate product types:

| | |
|--|---|
| A = Solvent | L = Moldable/Castable/Rubber and additives |
| B = Synthetic reactant | M = Plasticizer |
| C = Catalyst/Initiator/Accelerator/ Sensitizer | N = Dye/Pigment/Colorant/Ink and additives |
| D = Inhibitor/Stabilizer/Scavenger/ Antioxidant | O = Photographic/Reprographic chemical and additives |
| E = Analytical reagent | P = Electrodeposition/Plating chemicals |
| F = Chelator/Coagulant/Sequestrant | Q = Fuel and fuel additives |
| G = Cleanser/Detergent/Degreaser | R = Explosive chemicals and additives |
| H = Lubricant/Friction modifier/Antiwear agent | S = Fragrance/Flavor chemicals |
| I = Surfactant/Emulsifier | T = Pollution control chemicals |
| J = Flame retardant | U = Functional fluids and additives |
| K = Coating/Binder/Adhesive and additives | V = Metal alloy and additives |
| | W = Rheological modifier |
| | X = Other (specify) _____ |

²Use the following codes to designate the final product's physical form:

| | |
|----------------------|---------------------------|
| A = Gas | F2 = Crystalline solid |
| B = Liquid | F3 = Granules |
| C = Aqueous solution | F4 = Other solid |
| D = Paste | G = Gel |
| E = Slurry | H = Other (specify) _____ |
| F1 = Powder | |

³Use the following codes to designate the type of end-users:

| | |
|-----------------|---------------------------|
| I = Industrial | CS = Consumer |
| CM = Commercial | H = Other (specify) _____ |

☐ Mark (X) this box if you attach a continuation sheet.

2.15 Circle all applicable modes of transportation used to deliver bulk shipments of the
CBI listed substance to off-site customers. *NA*

- ☐ Truck 1
Railcar 2
Barge, Vessel 3
Pipeline 4
Plane 5
Other (specify) _____ 6

2.16 Customer Use -- Estimate the quantity of the listed substance used by your customers
or prepared by your customers during the reporting year for use under each category
CBI of end use listed (i-iv). *NA*

☐

Category of End Use

i. Industrial Products

Chemical or mixture kg/yr

Article kg/yr

ii. Commercial Products

Chemical or mixture kg/yr

Article kg/yr

iii. Consumer Products

Chemical or mixture kg/yr

Article kg/yr

iv. Other

Distribution (excluding export) kg/yr

Export kg/yr

Quantity of substance consumed as reactant kg/yr

Unknown customer uses kg/yr

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 3 PROCESSOR RAW MATERIAL IDENTIFICATION

PART A GENERAL DATA

3.01 Specify the quantity purchased and the average price paid for the listed substance for each major source of supply listed. Product trades are treated as purchases.
CBI The average price is the market value of the product that was traded for the listed substance.

☐

| <u>Source of Supply</u> | <u>Quantity (kg)</u> | <u>Average Price (\$/kg)</u> |
|--|--------------------------|----------------------------------|
| The listed substance was manufactured on-site. | <u>0</u> | <u></u> |
| The listed substance was transferred from a different company site. | <u>0</u> | <u></u> |
| The listed substance was purchased directly from a manufacturer or importer. | <u>17109</u> | <u>2.69</u> |
| The listed substance was purchased from a distributor or repackager. | <u>0</u> | <u></u> |
| The listed substance was purchased from a mixture producer. | <u>0</u> | <u></u> |

3.02 Circle all applicable modes of transportation used to deliver the listed substance to your facility.

CBI

☐

Truck ①
 Railcar 2
 Barge, Vessel 3
 Pipeline 4
 Plane 5
 Other (specify) _____ 6

☐ Mark (X) this box if you attach a continuation sheet.

3.03 a. Circle all applicable containers used to transport the listed substance to your
CBI facility.

☐

Bags 1
Boxes 2
Free standing tank cylinders 3
Tank rail cars 4
Hopper cars 5
Tank trucks 6
Hopper trucks 7
Drums 8
Pipeline 9
Other (specify) _____ 10

b. If the listed substance is transported in pressurized tank cylinders, tank rail cars, or tank trucks, state the pressure of the tanks. *NA*

Tank cylinders mmHg
Tank rail cars mmHg
Tank trucks mmHg

☐ Mark (X) this box if you attach a continuation sheet.

PART B RAW MATERIAL IN THE FORM OF A MIXTURE

3.04 If you obtain the listed substance in the form of a mixture, list the trade name(s) of the mixture, the name of its supplier(s) or manufacturer(s), an estimate of the average percent composition by weight of the listed substance in the mixture, and the amount of mixture processed during the reporting year.

☐

NA

| <u>Trade Name</u> | <u>Supplier or Manufacturer</u> | <u>Average % Composition by Weight (specify \pm % precision)</u> | <u>Amount Processed (kg/yr)</u> |
|-------------------|-------------------------------------|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

☐ Mark (X) this box if you attach a continuation sheet.

PART C RAW MATERIAL VOLUME

3.05 State the quantity of the listed substance used as a raw material during the reporting year in the form of a class I chemical, class II chemical, or polymer, and the percent composition, by weight, of the listed substance.

CBI

☐

| | Quantity Used (kg/yr) | % Composition by Weight of Listed Sub- stance in Raw Material (specify + % precision) |
|-------------------|--------------------------|--|
| Class I chemical | 15036 | 100% |
| | | |
| | | |
| Class II chemical | 0 | |
| | | |
| | | |
| Polymer | 0 | |
| | | |
| | | |

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 4 PHYSICAL/CHEMICAL PROPERTIES

General Instructions:

If you are reporting on a mixture as defined in the glossary, reply to questions in Section 4 that are inappropriate to mixtures by stating "NA -- mixture."

For questions 4.06-4.15, if you possess any hazard warning statement, label, MSDS, or other notice that addresses the information requested, you may submit a copy or reasonable facsimile in lieu of answering those questions which it addresses.

PART A PHYSICAL/CHEMICAL DATA SUMMARY

- 4.01 Specify the percent purity for the three major¹ technical grade(s) of the listed substance as it is manufactured, imported, or processed. Measure the purity of the substance in the final product form for manufacturing activities, at the time you import the substance, or at the point you begin to process the substance.

CBI

☐

| | <u>Manufacture</u> | <u>Import</u> | <u>Process</u> |
|--------------------|--------------------|----------------|---------------------|
| Technical grade #1 | _____ % purity | _____ % purity | _____/_____% purity |
| Technical grade #2 | _____ % purity | _____ % purity | _____ % purity |
| Technical grade #3 | _____ % purity | _____ % purity | _____ % purity |

¹Major = Greatest quantity of listed substance manufactured, imported or processed.

- 4.02 Submit your most recently updated Material Safety Data Sheet (MSDS) for the listed substance, and for every formulation containing the listed substance. If you possess an MSDS that you developed and an MSDS developed by a different source, submit your version. Indicate whether at least one MSDS has been submitted by circling the appropriate response.

Yes (1)

No 2

Indicate whether the MSDS was developed by your company or by a different source.

Your company 1

Another source (2)

☐ Mark (X) this box if you attach a continuation sheet.

4.03 Submit a copy or reasonable facsimile of any hazard information (other than an MSDS) that is provided to your customers/users regarding the listed substance or any formulation containing the listed substance. Indicate whether this information has been submitted by circling the appropriate response.

Yes 1

No (2)

4.04 For each activity that uses the listed substance, circle all the applicable number(s) corresponding to each physical state of the listed substance during the activity listed. Physical states for importing and processing activities are determined at the time you import or begin to process the listed substance. Physical states for manufacturing, storage, disposal and transport activities are determined using the final state of the product.

CBI

[]

| Activity | Physical State | | | | |
|-------------|----------------|--------|--------|---------------|-----|
| | Solid | Slurry | Liquid | Liquified Gas | Gas |
| Manufacture | 1 | 2 | 3 | 4 | 5 |
| Import | 1 | 2 | 3 | 4 | 5 |
| Process | 1 | 2 | (3) | 4 | 5 |
| Store | (1) | 2 | 3 | 4 | 5 |
| Dispose | (1) | 2 | 3 | 4 | 5 |
| Transport | (1) | 2 | 3 | 4 | 5 |

[] Mark (X) this box if you attach a continuation sheet.

4.05 Particle Size -- If the listed substance exists in particulate form during any of the following activities, indicate for each applicable physical state the size and the percentage distribution of the listed substance by activity. Do not include particles ≥ 10 microns in diameter. Measure the physical state and particle sizes for importing and processing activities at the time you import or begin to process the listed substance. Measure the physical state and particle sizes for manufacturing storage, disposal and transport activities using the final state of the product.

CBI

☐

Physical
State

NA

Manufacture Import Process Store Dispose Transport

| | | | | | | | |
|---------|------------------|-------|-------|-------|-------|-------|-------|
| Dust | <1 micron | _____ | _____ | _____ | _____ | _____ | _____ |
| | 1 to <5 microns | _____ | _____ | _____ | _____ | _____ | _____ |
| | 5 to <10 microns | _____ | _____ | _____ | _____ | _____ | _____ |
| Powder | <1 micron | _____ | _____ | _____ | _____ | _____ | _____ |
| | 1 to <5 microns | _____ | _____ | _____ | _____ | _____ | _____ |
| | 5 to <10 microns | _____ | _____ | _____ | _____ | _____ | _____ |
| Fiber | <1 micron | _____ | _____ | _____ | _____ | _____ | _____ |
| | 1 to <5 microns | _____ | _____ | _____ | _____ | _____ | _____ |
| | 5 to <10 microns | _____ | _____ | _____ | _____ | _____ | _____ |
| Aerosol | <1 micron | _____ | _____ | _____ | _____ | _____ | _____ |
| | 1 to <5 microns | _____ | _____ | _____ | _____ | _____ | _____ |
| | 5 to <10 microns | _____ | _____ | _____ | _____ | _____ | _____ |

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 5 ENVIRONMENTAL FATE

PART A RATE CONSTANTS AND TRANSFORMATION PRODUCTS *Information not known to us.*

5.01 Indicate the rate constants for the following transformation processes.

a. Photolysis:

Absorption spectrum coefficient (peak) (1/M cm) at _____ nm

Reaction quantum yield, ϕ at _____ nm

Direct photolysis rate constant, k_p , at ... 1/hr _____ latitude

b. Oxidation constants at 25°C:

For 1O_2 (singlet oxygen), k_{ox} 1/M hr

For RO_2 (peroxy radical), k_{ox} 1/M hr

c. Five-day biochemical oxygen demand, BOD_5 ... mg/l

d. Biotransformation rate constant:

For bacterial transformation in water, k_b ... 1/hr

Specify culture

e. Hydrolysis rate constants:

For base-promoted process, k_B 1/M hr

For acid-promoted process, k_A 1/M hr

For neutral process, k_N 1/hr

f. Chemical reduction rate (specify conditions) _____

g. Other (such as spontaneous degradation) ... _____

☐ Mark (X) this box if you attach a continuation sheet.

PART B PARTITION COEFFICIENTS

Information not known to us.

5.02 a. Specify the half-life of the listed substance in the following media.

| <u>Media</u> | <u>Half-life (specify units)</u> |
|---------------|----------------------------------|
| Groundwater | _____ |
| Atmosphere | _____ |
| Surface water | _____ |
| Soil | _____ |

b. Identify the listed substance's known transformation products that have a half-life greater than 24 hours.

| <u>CAS No.</u> | <u>Name</u> | <u>Half-life (specify units)</u> | <u>Media</u> |
|----------------|-------------|----------------------------------|--------------|
| _____ | _____ | _____ | in _____ |
| _____ | _____ | _____ | in _____ |
| _____ | _____ | _____ | in _____ |
| _____ | _____ | _____ | in _____ |

5.03 Specify the octanol-water partition coefficient, K_{ow} ... _____ at 25°C

Method of calculation or determination _____

5.04 Specify the soil-water partition coefficient, K_d _____ at 25°C

Soil type _____

5.05 Specify the organic carbon-water partition coefficient, K_{oc} _____ at 25°C5.06 Specify the Henry's Law Constant, H atm-m³/mole☐ Mark (X) this box if you attach a continuation sheet.

- 5.07 List the bioconcentration factor (BCF) of the listed substance, the species for which it was determined, and the type of test used in deriving the BCF.

Information not known to us.

Bioconcentration Factor

Species

Test¹

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

¹Use the following codes to designate the type of test:

F = Flowthrough

S = Static

☐ Mark (X) this box if you attach a continuation sheet.

6.04 For each market listed below, state the quantity sold and the total sales value of the listed substance sold or transferred in bulk during the reporting year.

☐ Response not required for TDI.

| <u>Market</u> | <u>Quantity Sold or Transferred (kg/yr)</u> | <u>Total Sales Value (\$/yr)</u> |
|--|---|----------------------------------|
| Retail sales | | |
| Distribution -- Wholesalers | | |
| Distribution -- Retailers | | |
| Intra-company transfer | | |
| Repackagers | | |
| Mixture producers | | |
| Article producers | | |
| Other chemical manufacturers or processors | | |
| Exporters | | |
| Other (specify) | | |
| | | |

6.05 Substitutes -- List all known commercially feasible substitutes that you know exist for the listed substance and state the cost of each substitute. A commercially feasible substitute is one which is economically and technologically feasible to use in your current operation, and which results in a final product with comparable performance in its end uses.

☐

| <u>Substitute</u> | <u>Cost (\$/kg)</u> |
|-------------------|---------------------|
| None | |
| | |
| | |

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 7 MANUFACTURING AND PROCESSING INFORMATION

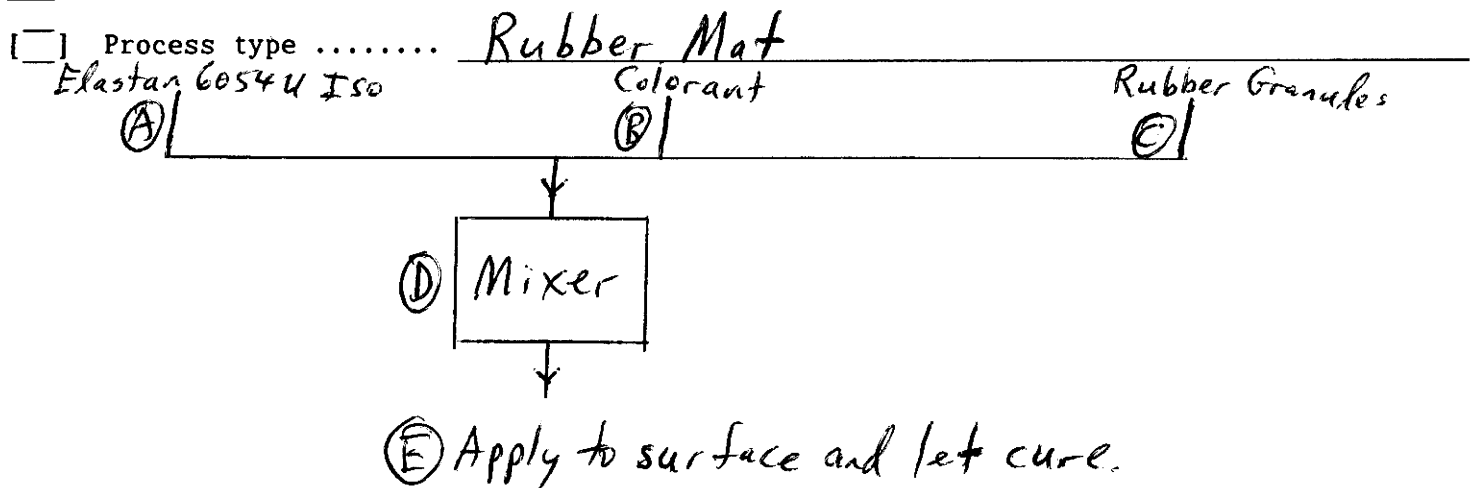
General Instructions:

For questions 7.04-7.06, provide a separate response for each process block flow diagram provided in questions 7.01, 7.02, and 7.03. Identify the process type from which the information is extracted.

PART A MANUFACTURING AND PROCESSING PROCESS TYPE DESCRIPTION

7.01 In accordance with the instructions, provide a process block flow diagram showing the major (greatest volume) process type involving the listed substance.

CBI

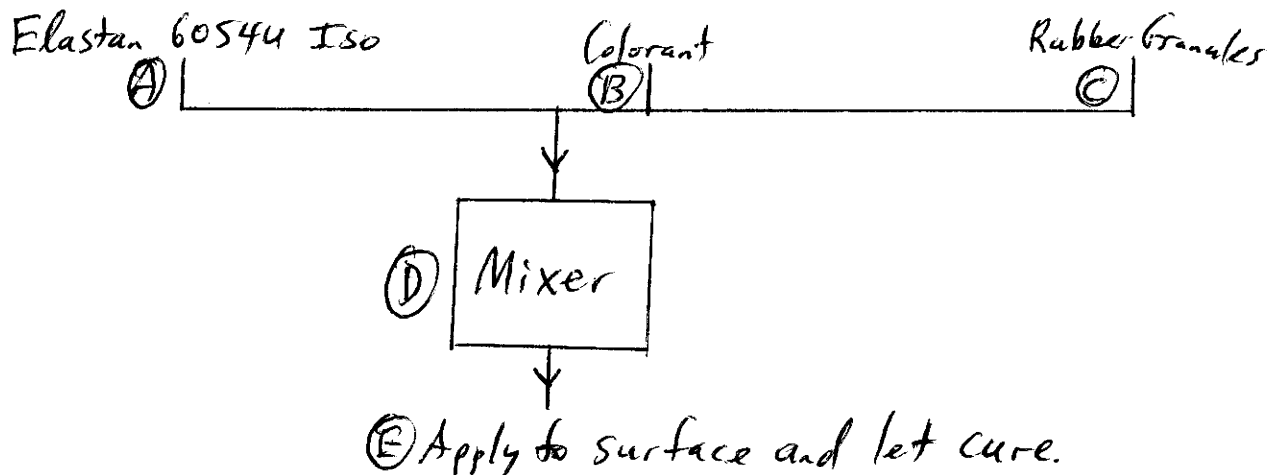


☐ Mark (X) this box if you attach a continuation sheet.

7.03 In accordance with the instructions, provide a process block flow diagram showing all process emission streams and emission points that contain the listed substance and which, if combined, would total at least 90 percent of all facility emissions if not treated before emission into the environment. If all such emissions are released from one process type, provide a process block flow diagram using the instructions for question 7.01. If all such emissions are released from more than one process type, provide a process block flow diagram showing each process type as a separate block.

CBI

☐ Process type Rubber Mat



☐ Mark (X) this box if you attach a continuation sheet.

7.04 Describe the typical equipment types for each unit operation identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

☐ Process type Rubber Mat

| Unit Operation ID Number | Typical Equipment Type | Operating Temperature Range (°C) | Operating Pressure Range (mm Hg) | Vessel Composition |
|-----------------------------------|------------------------------|--|---|-----------------------|
| <u>D</u> | <u>Mixer</u> | <u>Ambient</u> | <u>Ambient</u> | <u>Steel</u> |
| <u>E</u> | <u>Trowel</u> | <u>Ambient</u> | <u>Ambient</u> | <u>NA</u> |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

☐ Mark (X) this box if you attach a continuation sheet.

7.05 Describe each process stream identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

☐ Process type Rubber Mat

| Process Stream ID Code | Process Stream Description | Physical State ¹ | Stream Flow (kg/yr) |
|------------------------|---------------------------------|-----------------------------|---------------------|
| <u>A</u> | <u>Open drum + add to mixer</u> | <u>OL</u> | <u>15036</u> |
| <u>B</u> | <u>Open drum + add to mixer</u> | <u>SY</u> | <u>1671</u> |
| <u>C</u> | <u>Open bags + add to mixer</u> | <u>SO</u> | <u>16707</u> |
| <u>D</u> | <u>Mix until uniform</u> | <u>SY</u> | <u>33414</u> |
| <u>E</u> | <u>Apply to surface</u> | <u>SY</u> | <u>33414</u> |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

¹Use the following codes to designate the physical state for each process stream:

GC = Gas (condensable at ambient temperature and pressure)
 GU = Gas (uncondensable at ambient temperature and pressure)
 SO = Solid
 SY = Sludge or slurry
 AL = Aqueous liquid
 OL = Organic liquid
 IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

☐ Mark (X) this box if you attach a continuation sheet.

7.06 Characterize each process stream identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the CBI instructions for further explanation and an example.)

☐ Process type Rubber Mat

| a. | b. | c. | d. | e. |
|------------------------|-------------------------------------|--|--------------------------|-------------------------------------|
| Process Stream ID Code | Known Compounds ¹ | Concentrations ^{2,3} (% or ppm) | Other Expected Compounds | Estimated Concentrations (% or ppm) |
| <u>A</u> | <u>Isocyanate Prepolymer</u> | <u>74% AW</u> | <u>NA</u> | <u>NA</u> |
| | <u>Diphenylmethane Diisocyanate</u> | <u>25% AW</u> | <u>NA</u> | <u>NA</u> |
| | <u>Toluene Diisocyanate</u> | <u>1% AW</u> | <u>NA</u> | <u>NA</u> |
| <u>B</u> | <u>Polyether polymer</u> | <u>31% EW</u> | <u>NA</u> | <u>NA</u> |
| | <u>Pigment</u> | <u>60% EW</u> | <u>NA</u> | <u>NA</u> |
| | <u>Additive package 1</u> | <u>1% EW</u> | <u>NA</u> | <u>NA</u> |
| <u>C</u> | <u>Rubber</u> | <u>100% EW</u> | <u>NA</u> | <u>NA</u> |
| | | | | |
| | | | | |
| | | | | |

7.06 continued below

| | | | | |
|----------|----------------|----------------|-----------|-----------|
| <u>D</u> | <u>A</u> | <u>45% EW</u> | <u>NA</u> | <u>NA</u> |
| | <u>B</u> | <u>5% EW</u> | <u>NA</u> | <u>NA</u> |
| | <u>C</u> | <u>50% EW</u> | <u>NA</u> | <u>NA</u> |
| <u>E</u> | <u>Polymer</u> | <u>100% EW</u> | <u>NA</u> | <u>NA</u> |

☐ Mark (X) this box if you attach a continuation sheet.

7.06 (continued)

¹For each additive package introduced into a process stream, specify the compounds that are present in each additive package, and the concentration of each component. Assign an additive package number to each additive package and list this number in column b. (Refer to the instructions for further explanation and an example. Refer to the glossary for the definition of additive package.)

| Additive Package Number | Components of Additive Package | Concentrations (% or ppm) |
|----------------------------|-----------------------------------|------------------------------|
| <u>1</u> | <u>Thancat TP-33</u> | <u>10% EW</u> |
| | <u>Kelcic F</u> | <u>30% EW</u> |
| | <u>Thermolite 12</u> | <u>60% EW</u> |
| <u>2</u> | | |
| | | |
| | | |
| <u>3</u> | | |
| | | |
| | | |
| <u>4</u> | | |
| | | |
| | | |
| <u>5</u> | | |
| | | |
| | | |

²Use the following codes to designate how the concentration was determined:

A = Analytical result
E = Engineering judgement/calculation

³Use the following codes to designate how the concentration was measured:

V = Volume
W = Weight

☐ Mark (X) this box if you attach a continuation sheet.

PART A RESIDUAL TREATMENT PROCESS DESCRIPTION

8.01 In accordance with the instructions, provide a residual treatment block flow diagram which describes the treatment process used for residuals identified in question 7.01.

CBI

☐ Process type Rubber Mat

No treatment. No residuals.

☐ Mark (X) this box if you attach a continuation sheet.

8.05 Characterize each process stream identified in your residual treatment block flow diagram(s). If a residual treatment block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the instructions for further explanation and an example.)

[illegible]

☐ Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

¹Use the following codes to designate the type of hazardous waste:

I = Ignitable
C = Corrosive
R = Reactive
E = EP toxic
T = Toxic
H = Acutely hazardous

²Use the following codes to designate the physical state of the residual:

GC = Gas (condensable at ambient temperature and pressure)
GU = Gas (uncondensable at ambient temperature and pressure)
SO = Solid
SY = Sludge or slurry
AL = Aqueous liquid
OL = Organic liquid
IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

8.05 continued below

☐ Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

³For each additive package introduced into a process stream, specify the compounds that are present in each additive package, and the concentration of each component. Assign an additive package number to each additive package and list this number in column d. (Refer to the instructions for further explanation and an example. Refer to the glossary for the definition of additive package.)

| <u>Additive Package Number</u> | <u>Components of Additive Package</u> | <u>Concentrations (% or ppm)</u> |
|------------------------------------|---|--------------------------------------|
| <u>1</u> | <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> |
| <u>2</u> | <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> |
| <u>3</u> | <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> |
| <u>4</u> | <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> |
| <u>5</u> | <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> |

⁴Use the following codes to designate how the concentration was determined:

A = Analytical result

E = Engineering judgement/calculation

8.05 continued below

☐ Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

⁵Use the following codes to designate how the concentration was measured:

V = Volume

W = Weight

⁶Specify the analytical test methods used and their detection limits in the table below. Assign a code to each test method used and list those codes in column e.

| <u>Code</u> | <u>Method</u> | <u>Detection Limit</u> <u>(± ug/l)</u> |
|-------------|---------------|---|
| <u>1</u> | <hr/> | <hr/> |
| <u>2</u> | <hr/> | <hr/> |
| <u>3</u> | <hr/> | <hr/> |
| <u>4</u> | <hr/> | <hr/> |
| <u>5</u> | <hr/> | <hr/> |
| <u>6</u> | <hr/> | <hr/> |

☐ Mark (X) this box if you attach a continuation sheet.

CBI

[illegible]

²Use the codes provided in Exhibit 8-2 to designate the management methods

58

WASTE DESCRIPTION CODES

These waste description codes were developed specifically for this survey to supplement the descriptions listed with the RCRA and other waste codes. (These waste description codes are not regulatory definitions.)

WASTE DESCRIPTION CODES FOR HAZARDOUS WASTE DESCRIBED BY A SINGLE RCRA F, K, P, OR U WASTE CODE

| | | |
|--|--|---|
| A01 Spent solvent (F001-F005, K086) | A06 Contaminated soil or cleanup residue | A10 Incinerator ash |
| A02 Other organic liquid (F001-F005, K086) | A07 Other F or K waste, exactly as described* | A11 Solidified treatment residue |
| A03 Still bottom (F001-F005, K086) | A08 Concentrated off-spec or discarded product | A12 Other treatment residue (specify in "Facility Notes") |
| A04 Other organic sludge (F001-F005, K086) | A09 Empty containers | A13 Other untreated waste (specify in "Facility Notes") |
| A05 Wastewater or aqueous mixture | | |

*"Exactly as described" means that the waste matches the description of the RCRA waste code.

INORGANIC LIQUIDS—Waste that is primarily inorganic and highly fluid (e.g., aqueous), with low suspended inorganic solids and low organic content.

- B01 Aqueous waste with low solvents
- B02 Aqueous waste with low other toxic organics
- B03 Spent acid with metals
- B04 Spent acid without metals
- B05 Acidic aqueous waste
- B06 Caustic solution with metals but no cyanides
- B07 Caustic solution with metals and cyanides
- B08 Caustic solution with cyanides but no metals
- B09 Spent caustic
- B10 Caustic aqueous waste
- B11 Aqueous waste with reactive sulfides
- B12 Aqueous waste with other reactives (e.g., explosives)
- B13 Other aqueous waste with high dissolved solids
- B14 Other aqueous waste with low dissolved solids
- B15 Scrubber water
- B16 Leachate
- B17 Waste liquid mercury
- B18 Other inorganic liquid (specify in "Facility Notes")

INORGANIC SLUDGES—Waste that is primarily inorganic, with moderate-to-high water content and low organic content; pumpable.

- B19 Lime sludge without metals
- B20 Lime sludge with metals/metal hydroxide sludge
- B21 Wastewater treatment sludge with toxic organics
- B22 Other wastewater treatment sludge
- B23 Untreated plating sludge without cyanides
- B24 Untreated plating sludge with cyanides
- B25 Other sludge with cyanides
- B26 Sludge with reactive sulfides
- B27 Sludge with other reactives
- B28 Degreasing sludge with metal scale or filings
- B29 Air pollution control device sludge (e.g., fly ash, wet scrubber sludge)
- B30 Sediment or lagoon dragout contaminated with organics
- B31 Sediment or lagoon dragout contaminated with inorganics only

- B32 Drilling mud
- B33 Asbestos slurry or sludge
- B34 Chloride or other brine sludge
- B35 Other inorganic sludge (specify in "Facility Notes")

INORGANIC SOLIDS—Waste that is primarily inorganic and solid, with low organic content and low-to-moderate water content; not pumpable.

- B36 Soil contaminated with organics
- B37 Soil contaminated with inorganics only
- B38 Ash, slag, or other residue from incineration of wastes
- B39 Other "dry" ash, slag, or thermal residue
- B40 "Dry" lime or metal hydroxide solids chemically "fixed"
- B41 "Dry" lime or metal hydroxide solids not "fixed"
- B42 Metal scale, filings, or scrap
- B43 Empty or crushed metal drums or containers
- B44 Batteries or battery parts, casings, cores
- B45 Spent solid filters or adsorbents
- B46 Asbestos solids and debris
- B47 Metal-cyanide salts/chemicals
- B48 Reactive cyanide salts/chemicals
- B49 Reactive sulfide salts/chemicals
- B50 Other reactive salts/chemicals
- B51 Other metal salts/chemicals
- B52 Other waste inorganic chemicals
- B53 Lab packs of old chemicals only
- B54 Lab packs of debris only
- B55 Mixed lab packs
- B56 Other inorganic solids (specify in "Facility Notes")

INORGANIC GASES—Waste that is primarily inorganic with a low organic content and is a gas at atmospheric pressure.

- B57 Inorganic gases

ORGANIC LIQUIDS—Waste that is primarily organic and is highly fluid, with low inorganic solids content and low-to-moderate water content.

- B58 Concentrated solvent-water solution
- B59 Halogenated (e.g., chlorinated) solvent
- B60 Nonhalogenated solvent

- B61 Halogenated/nonhalogenated solvent mixture
- B62 Oil-water emulsion or mixture
- B63 Waste oil
- B64 Concentrated aqueous solution of other organics
- B65 Concentrated phenolics
- B66 Organic paint, ink, lacquer, or varnish
- B67 Adhesives or epoxies
- B68 Paint thinner or petroleum distillates
- B69 Reactive or polymerizable organic liquid
- B70 Other organic liquid (specify in "Facility Notes")

ORGANIC SLUDGES—Waste that is primarily organic, with low-to-moderate inorganic solids content and water content; pumpable.

- B71 Still bottoms of halogenated (e.g., chlorinated) solvents or other organic liquids
- B72 Still bottoms of nonhalogenated solvents or other organic liquids
- B73 Oily sludge
- B74 Organic paint or ink sludge
- B75 Reactive or polymerizable organics
- B76 Resins, tars, or tarry sludge
- B77 Biological treatment sludge
- B78 Sewage or other untreated biological sludge
- B79 Other organic sludge (specify in "Facility Notes")

ORGANIC SOLIDS—Waste that is primarily organic and solid, with low-to-moderate inorganic content and water content; not pumpable.

- B80 Halogenated pesticide solid
- B81 Nonhalogenated pesticide solid
- B82 Solid resins or polymerized organics
- B83 Spent carbon
- B84 Reactive organic solid
- B85 Empty fiber or plastic containers
- B86 Lab packs of old chemicals only
- B87 Lab packs of debris only
- B88 Mixed lab packs
- B89 Other halogenated organic solid
- B90 Other nonhalogenated organic solid

ORGANIC GASES—Waste that is primarily organic with low-to-moderate inorganic content and is a gas at atmospheric pressure.

- B91 Organic gases

EXHIBIT 8-2.
(Refers to question 8.06(c))

MANAGEMENT METHODS

- M1 = Discharge to publicly owned wastewater treatment works
M2 = Discharge to surface water under NPDES
M3 = Discharge to off-site, privately owned wastewater treatment works
M4 = Scrubber: a) caustic; b) water; c) other
M5 = Vent to: a) atmosphere; b) flare; c) other (specify) _____
M6 = Other (specify) _____

TREATMENT AND RECYCLING

Incineration/thermal treatment

- 1I Liquid injection
2I Rotary or rocking kiln
3I Rotary kiln with a liquid injection unit
4I Two stage
5I Fixed hearth
6I Multiple hearth
7I Fluidized bed
8I Infrared
9I Fume/vapor
10I Pyrolytic destructor
11I Other incineration/thermal treatment

Reuse as fuel

- 1RF Cement kiln
2RF Aggregate kiln
3RF Asphalt kiln
4RF Other kiln
5RF Blast furnace
6RF Sulfur recovery furnace
7RF Smelting, melting, or refining furnace
8RF Coke oven
9RF Other industrial furnace
10RF Industrial boiler
11RF Utility boiler
12RF Process heater
13RF Other reuse as fuel unit

Fuel Blending

- 1FB Fuel blending

Solidification

- 1S Cement or cement/silicate processes
2S Pozzolanic processes
3S Asphaltic processes
4S Thermoplastic techniques
5S Organic polymer techniques
6S Jacketing (macro-encapsulation)
7S Other solidification

Recovery of solvents and liquid organics for reuse

- 1SR Fractionation
2SR Batch still distillation
3SR Solvent extraction
4SR Thin-film evaporation
5SR Filtration
6SR Phase separation
7SR Dessication
8SR Other solvent recovery

Recovery of metals

- 1MR Activated carbon (for metals recovery)
2MR Electrodialysis (for metals recovery)
3MR Electrolytic metal recovery
4MR Ion exchange (for metals recovery)
5MR Reverse osmosis (for metals recovery)
6MR Solvent extraction (for metals recovery)
7MR Ultrafiltration (for metals recovery)
8MR Other metals recovery

Wastewater Treatment

After each wastewater treatment type listed below (1WT - 66WT) specify a) tank; or b) surface impoundment (i.e., 63WTa)

Equalization

- 1WT Equalization

Cyanide oxidation

- 2WT Alkaline chlorination
3WT Ozone
4WT Electrochemical
5WT Other cyanide oxidation

General oxidation (including disinfection)

- 6WT Chlorination
7WT Ozonation
8WT UV radiation
9WT Other general oxidation

Chemical precipitation¹

- 10WT Lime
11WT Sodium hydroxide
12WT Soda ash
13WT Sulfide
14WT Other chemical precipitation

Chromium reduction

- 15WT Sodium bisulfite
16WT Sulfur dioxide

EXHIBIT 8-2. (continued)

MANAGEMENT METHODS

17WT Ferrous sulfate
18WT Other chromium reduction

Complexed metals treatment (other than
chemical precipitation by pH adjustment)
19WT Complexed metals treatment

Emulsion breaking
20WT Thermal
21WT Chemical
22WT Other emulsion breaking

Adsorption
23WT Carbon adsorption
24WT Ion exchange
25WT Resin adsorption
26WT Other adsorption

Stripping
27WT Air stripping
28WT Steam stripping
29WT Other stripping

Evaporation
30WT Thermal
31WT Solar
32WT Vapor recompression
33WT Other evaporation

Filtration
34WT Diatomaceous earth
35WT Sand
36WT Multimedia
37WT Other filtration

Sludge dewatering
38WT Gravity thickening
39WT Vacuum filtration
40WT Pressure filtration (belt, plate
and frame, or leaf)
41WT Centrifuge
42WT Other sludge dewatering

Air flotation
43WT Dissolved air flotation
44WT Partial aeration
45WT Air dispersion
46WT Other air flotation

Oil skimming
47WT Gravity separation

48WT Coalescing plate separation
49WT Other oil skimming

Other liquid phase separation
50WT Decanting
51WT Other liquid phase separation

Biological treatment
52WT Activated sludge
53WT Fixed film-trickling filter
54WT Fixed film-rotating contactor
55WT Lagoon or basin, aerated
56WT Lagoon, facultative
57WT Anaerobic
58WT Other biological treatment

Other wastewater treatment
59WT Wet air oxidation
60WT Neutralization
61WT Nitrification
62WT Denitrification
63WT Flocculation and/or coagulation
64WT Settling (clarification)
65WT Reverse osmosis
66WT Other wastewater treatment

OTHER WASTE TREATMENT

1TR Other treatment
2TR Other recovery for reuse

ACCUMULATION

1A Containers
2A Tanks

STORAGE

1ST Container (i.e., barrel, drum)
2ST Tank
3ST Waste pile
4ST Surface impoundment
5ST Other storage

DISPOSAL

1D Landfill
2D Land treatment
3D Surface impoundment (to be closed
as a landfill)
4D Underground injection well

¹Chemical precipitation is a treatment operation whereby the pH of a waste is adjusted to the range necessary for removal (precipitation) of contaminants. However, if the pH is adjusted solely to achieve a neutral pH, THE OPERATION SHOULD BE CONSIDERED NEUTRALIZATION (60WT).

8.22 Describe the combustion chamber design parameters for each of the three largest (by capacity) incinerators that are used on-site to burn the residuals identified in your process block or residual treatment block flow diagram(s).

☐ Response not required for TDI.

| Incinerator | Combustion Chamber Temperature (°C) | | Location of Temperature Monitor | | Residence Time In Combustion Chamber (seconds) | |
|-------------|-------------------------------------|-----------|---------------------------------|-----------|--|-----------|
| | Primary | Secondary | Primary | Secondary | Primary | Secondary |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |

Indicate if Office of Solid Waste survey has been submitted in lieu of response by circling the appropriate response.

Yes 1

No 2

8.23 Complete the following table for the three largest (by capacity) incinerators that are used on-site to burn the residuals identified in your process block or residual treatment block flow diagram(s).

☐

NA

| Incinerator | Air Pollution Control Device ¹ | Types of Emissions Data Available |
|-------------|---|-----------------------------------|
| 1 | | |
| 2 | | |
| 3 | | |

Indicate if Office of Solid Waste survey has been submitted in lieu of response by circling the appropriate response.

Yes 1

No 2

¹Use the following codes to designate the air pollution control device:

S = Scrubber (include type of scrubber in parenthesis)

E = Electrostatic precipitator

O = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.

PART A EMPLOYMENT AND POTENTIAL EXPOSURE PROFILE

9.01 Mark (X) the appropriate column to indicate whether your company maintains records on the following data elements for hourly and salaried workers. Specify for each data element the year in which you began maintaining records and the number of years the records for that data element are maintained. (Refer to the instructions for further explanation and an example.)

CBI

☐

| Data Element | Data are Maintained for: | | Year in Which Data Collection Began | Number of Years Records Are Maintained |
|---|--------------------------|---------------------|---|--|
| | Hourly Workers | Salaried Workers | | |
| Date of hire | <u>X</u> | <u>X</u> | <u>1983</u> | <u>indefinitely</u> |
| Age at hire | <u>X</u> | <u>X</u> | <u>1983</u> | <u>indefinitely</u> |
| Work history of individual before employment at your facility | <u>X</u> | <u>X</u> | <u>1983</u> | <u>indefinitely</u> |
| Sex | <u>X</u> | <u>X</u> | <u>1983</u> | <u>indefinitely</u> |
| Race | | | | |
| Job titles | <u>X</u> | <u>X</u> | <u>1983</u> | <u>indefinitely</u> |
| Start date for each job title | | | | |
| End date for each job title | | | | |
| Work area industrial hygiene monitoring data | | | | |
| Personal employee monitoring data | | | | |
| Employee medical history | | | | |
| Employee smoking history | | | | |
| Accident history | <u>X</u> | <u>X</u> | <u>1983</u> | <u>indefinitely</u> |
| Retirement date | | | | |
| Termination date | <u>X</u> | <u>X</u> | <u>1983</u> | <u>indefinitely</u> |
| Vital status of retirees | | | | |
| Cause of death data | | | | |

☐ Mark (X) this box if you attach a continuation sheet.

9.02 In accordance with the instructions, complete the following table for each activity in which you engage.

CBI

☐

| a. | b. | c. | d. | e. |
|--|-------------------------|---------------------------------|--------------------------|-------------------------------|
| <u>Activity</u> | <u>Process Category</u> | <u>Yearly Quantity (kg)</u> | <u>Total Workers</u> | <u>Total Worker-Hours</u> |
| Manufacture of the listed substance | Enclosed | _____ | _____ | _____ |
| | Controlled Release | _____ | _____ | _____ |
| | Open | _____ | _____ | _____ |
| On-site use as reactant | Enclosed | _____ | _____ | _____ |
| | Controlled Release | 15036 | 7 | 1050 |
| | Open | _____ | _____ | _____ |
| On-site use as nonreactant | Enclosed | _____ | _____ | _____ |
| | Controlled Release | _____ | _____ | _____ |
| | Open | _____ | _____ | _____ |
| On-site preparation of products | Enclosed | _____ | _____ | _____ |
| | Controlled Release | _____ | _____ | _____ |
| | Open | _____ | _____ | _____ |

☐ Mark (X) this box if you attach a continuation sheet.

9.03 Provide a descriptive job title for each labor category at your facility that encompasses workers who may potentially come in contact with or be exposed to the listed substance.

CBI

☐

Labor Category

Descriptive Job Title

A

Rubber Mat Applicators

B

C

D

E

F

G

H

I

J

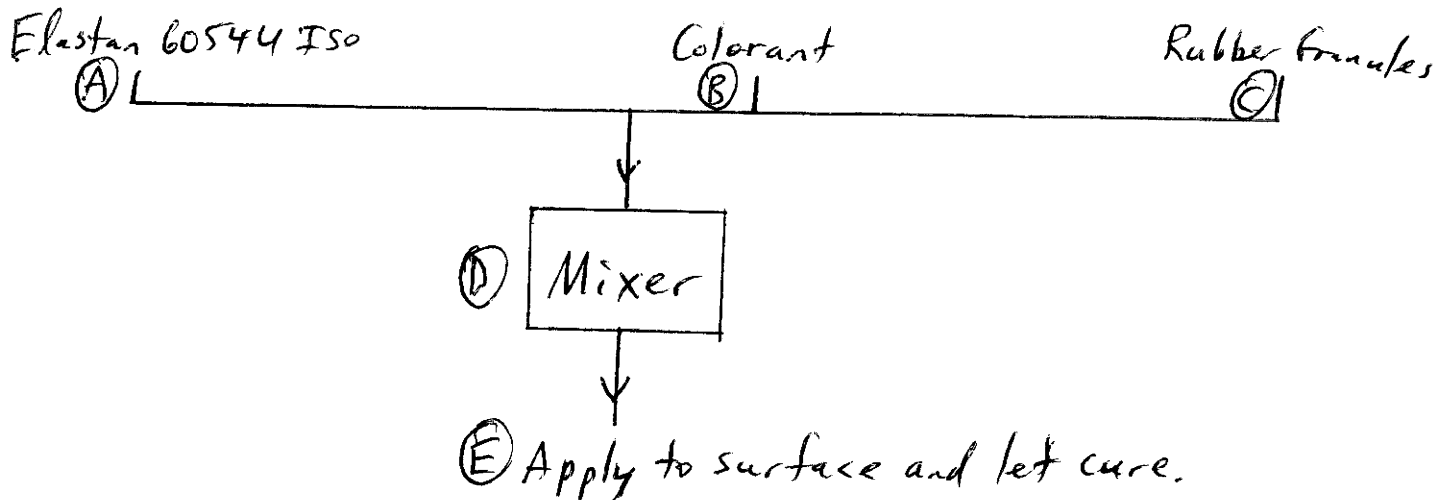
☐ Mark (X) this box if you attach a continuation sheet.

9.04 In accordance with the instructions, provide your process block flow diagram(s) and indicate associated work areas.

CBI

☐ Process type Rubber Mat

① Rubber Mat Applicators



☐ Mark (X) this box if you attach a continuation sheet.

9.05 Describe the various work area(s) shown in question 9.04 that encompass workers who may potentially come in contact with or be exposed to the listed substance. Add any additional areas not shown in the process block flow diagram in question 7.01 or 7.02. Photocopy this question and complete it separately for each process type.

CBI

☐

Process type Rubber Mat

Work Area ID

Description of Work Areas and Worker Activities

1

Outdoor mixing and applying the mixture.

2

3

4

5

6

7

8

9

10

☐

Mark (X) this box if you attach a continuation sheet.

9.06 Complete the following table for each work area identified in question 9.05, and for each labor category at your facility that encompasses workers who may potentially come in contact with or be exposed to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type Rubber Mat

Work area 1

| Labor Category | Number of Workers Exposed | Mode of Exposure (e.g., direct skin contact) | Physical State of Listed Substance ¹ | Average Length of Exposure Per Day ² | Number of Days per Year Exposed |
|----------------|---------------------------|--|---|---|---------------------------------|
| <u>A</u> | <u>7</u> | <u>Inhalation</u> | <u>SY</u> | <u>C</u> | <u>100</u> |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

¹Use the following codes to designate the physical state of the listed substance at the point of exposure:

GC = Gas (condensable at ambient temperature and pressure)
 GU = Gas (uncondensable at ambient temperature and pressure; includes fumes, vapors, etc.)
 SO = Solid

SY = Sludge or slurry
 AL = Aqueous liquid
 OL = Organic liquid
 IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

²Use the following codes to designate average length of exposure per day:

A = 15 minutes or less
 B = Greater than 15 minutes, but not exceeding 1 hour
 C = Greater than one hour, but not exceeding 2 hours

D = Greater than 2 hours, but not exceeding 4 hours
 E = Greater than 4 hours, but not exceeding 8 hours
 F = Greater than 8 hours

☐ Mark (X) this box if you attach a continuation sheet.

9.07 For each labor category represented in question 9.06, indicate the 8-hour Time Weighted Average (TWA) exposure levels and the 15-minute peak exposure levels. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type Rubber Mat

Work area 1

| <u>Labor Category</u> | <u>8-hour TWA Exposure Level (ppm, mg/m³, other-specify)</u> | <u>15-Minute Peak Exposure Level (ppm, mg/m³, other-specify)</u> |
|-----------------------|---|---|
| <u>A</u> | <u>NK</u> | <u>NK</u> |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
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| | | |
| | | |
| | | |

☐ Mark (X) this box if you attach a continuation sheet.

PART B WORK PLACE MONITORING PROGRAM

9.08 If you monitor worker exposure to the listed substance, complete the following table.

CBI

☐

NA

| <u>Sample/Test</u> | <u>Work Area ID</u> | <u>Testing Frequency (per year)</u> | <u>Number of Samples (per test)</u> | <u>Who Samples¹</u> | <u>Analyzed In-House (Y/N)</u> | <u>Number of Years Records Maintained</u> |
|-------------------------|---------------------|-------------------------------------|-------------------------------------|--------------------------------|--------------------------------|---|
| Personal breathing zone | | | | | | |
| General work area (air) | | | | | | |
| Wipe samples | | | | | | |
| Adhesive patches | | | | | | |
| Blood samples | | | | | | |
| Urine samples | | | | | | |
| Respiratory samples | | | | | | |
| Allergy tests | | | | | | |
| Other (specify) | | | | | | |
| | | | | | | |
| Other (specify) | | | | | | |
| | | | | | | |
| Other (specify) | | | | | | |
| | | | | | | |

¹Use the following codes to designate who takes the monitoring samples:

- A = Plant industrial hygienist
- B = Insurance carrier
- C = OSHA consultant
- D = Other (specify) _____

☐ Mark (X) this box if you attach a continuation sheet.

9.09 For each sample type identified in question 9.08, describe the type of sampling and analytical methodology used for each type of sample.

CBI ☐ Sample Type NA Sampling and Analytical Methodology

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |

9.10 If you conduct personal and/or ambient air monitoring for the listed substance, specify the following information for each equipment type used.

CBI ☐ Equipment Type¹ NA Detection Limit² Manufacturer Averaging Time (hr) Model Number

| | | | | |
|--|--|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

¹Use the following codes to designate personal air monitoring equipment types:

- A = Passive dosimeter
- B = Detector tube
- C = Charcoal filtration tube with pump
- D = Other (specify) _____

Use the following codes to designate ambient air monitoring equipment types:

- E = Stationary monitors located within work area
- F = Stationary monitors located within facility
- G = Stationary monitors located at plant boundary
- H = Mobile monitoring equipment (specify) _____
- I = Other (specify) _____

²Use the following codes to designate detection limit units:

- A = ppm
- B = Fibers/cubic centimeter (f/cc)
- C = Micrograms/cubic meter (μm^3)

☐ Mark (X) this box if you attach a continuation sheet.

9.11 If you conduct routine medical tests for monitoring the health effects of exposure to the listed substance, specify the type and frequency of the tests.

CBI

NA

☐

Test Description

Frequency
(weekly, monthly, yearly, etc.)

☐ Mark (X) this box if you attach a continuation sheet.

PART C ENGINEERING CONTROLS

9.12 Describe the engineering controls that you use to reduce or eliminate worker exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type Rubber Mat

Work area 1

| <u>Engineering Controls</u> | <u>Used (Y/N)</u> | <u>Year Installed</u> | <u>Upgraded (Y/N)</u> | <u>Year Upgraded</u> |
|--|-----------------------|---------------------------|---------------------------|--------------------------|
| Ventilation: | | | | |
| Local exhaust | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| General dilution | <u>NA</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| Other (specify) <u>No indoor processing</u> | <u>Y</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| Vessel emission controls | <u>N</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| Mechanical loading or packaging equipment | <u>N</u> | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| Other (specify) | | | | |
| _____ | _____ | _____ | _____ | _____ |

☐ Mark (X) this box if you attach a continuation sheet.

9.13 Describe all equipment or process modifications you have made within the 3 years prior to the reporting year that have resulted in a reduction of worker exposure to the listed substance. For each equipment or process modification described, state the percentage reduction in exposure that resulted. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type Rubber Mat

Work area 1

| Equipment or Process Modification | Reduction in Worker Exposure Per Year (%) |
|-----------------------------------|---|
| <u>none</u> | |
| | |
| | |
| | |
| | |

☐ Mark (X) this box if you attach a continuation sheet.

PART D PERSONAL PROTECTIVE AND SAFETY EQUIPMENT

9.14 Describe the personal protective and safety equipment that your workers wear or use in each work area in order to reduce or eliminate their exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

[] Process type Rubber Mat
Work area 1

| <u>Equipment Types</u> | <u>Wear or Use (Y/N)</u> |
|---------------------------|--------------------------|
| Respirators | <u>Y</u> |
| Safety goggles/glasses | <u>Y</u> |
| Face shields | <u>N</u> |
| Coveralls | <u>N</u> |
| Bib aprons | <u>N</u> |
| Chemical-resistant gloves | <u>N</u> |
| Other (specify) | |
| _____ | _____ |
| _____ | _____ |

[] Mark (X) this box if you attach a continuation sheet.

9.15 If workers use respirators when working with the listed substance, specify for each process type, the work areas where the respirators are used, the type of respirators used, the average usage, whether or not the respirators were fit tested, and the type and frequency of the fit tests. Photocopy this question and complete it separately for each process type.

CBI

☐ Process type Rubber Mat

| Work Area | Respirator Type | Average Usage ¹ | Fit Tested (Y/N) | Type of Fit Test ² | Frequency of Fit Tests (per year) |
|-----------|--------------------------------------|----------------------------|------------------|-------------------------------|-----------------------------------|
| <u>1</u> | <u>Halfmask respirator "Willson"</u> | <u>A</u> | <u>N</u> | | |
| | | | | | |
| | | | | | |
| | | | | | |

¹Use the following codes to designate average usage:

A = Daily
 B = Weekly
 C = Monthly
 D = Once a year
 E = Other (specify) _____

²Use the following codes to designate the type of fit test:

QL = Qualitative
 QT = Quantitative

☐ Mark (X) this box if you attach a continuation sheet.

PART E WORK PRACTICES

- 9.19 Describe all of the work practices and administrative controls used to reduce or eliminate worker exposure to the listed substance (e.g., restrict entrance only to authorized workers, mark areas with warning signs, insure worker detection and monitoring practices, provide worker training programs, etc.). Photocopy this question and complete it separately for each process type and work area.

CBI

☐

Process type Rubber Mat

Work area 1

All processing is done outdoors. Workers use respirators to avoid vapor.

- 9.20 Indicate (X) how often you perform each housekeeping task used to clean up routine leaks or spills of the listed substance. Photocopy this question and complete it separately for each process type and work area.

Process type Rubber Mat

Work area 1

| <u>Housekeeping Tasks</u> | <u>Less Than Once Per Day</u> | <u>1-2 Times Per Day</u> | <u>3-4 Times Per Day</u> | <u>More Than 4 Times Per Day</u> |
|---------------------------|-----------------------------------|------------------------------|------------------------------|--------------------------------------|
| Sweeping | _____ | <u>X</u> | _____ | _____ |
| Vacuuming | _____ | _____ | _____ | _____ |
| Water flushing of floors | _____ | _____ | _____ | _____ |
| Other (specify) | _____ | _____ | _____ | _____ |

☐ Mark (X) this box if you attach a continuation sheet.

9.21 Do you have a written medical action plan for responding to routine or emergency exposure to the listed substance?

Routine exposure

Response not required for TDI.

Yes 1

No 2

Emergency exposure

Yes 1

No 2

If yes, where are copies of the plan maintained?

Routine exposure: _____

Emergency exposure: _____

9.22 Do you have a written leak and spill cleanup plan that addresses the listed substance? Circle the appropriate response.

Yes 1

No ②

If yes, where are copies of the plan maintained? _____

Has this plan been coordinated with state or local government response organizations? Circle the appropriate response.

Yes 1

No 2

9.23 Who is responsible for monitoring worker safety at your facility? Circle the appropriate response.

Response not required for TDI.

Plant safety specialist 1

Insurance carrier 2

OSHA consultant 3

Other (specify) _____ 4

☐ Mark (X) this box if you attach a continuation sheet.

SECTION 10 ENVIRONMENTAL RELEASE

General Instructions:

Complete Part E (questions 10.23-10.35) for each non-routine release involving the listed substance that occurred during the reporting year. Report on all releases that are equal to or greater than the listed substance's reportable quantity value, RQ, unless the release is federally permitted as defined in 42 U.S.C. 9601, or is specifically excluded under the definition of release as defined in 40 CFR 302.3(22). Reportable quantities are codified in 40 CFR Part 302. If the listed substance is not a hazardous substance under the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA) and, thus, does not have an RQ, then report releases that exceed 2,270 kg. If such a substance however, is designated as a CERCLA hazardous substance, then report those releases that are equal to or greater than the RQ. The facility may have answered these questions or similar questions under the Agency's Accidental Release Information Program and may already have this information readily available. Assign a number to each release and use this number throughout this part to identify the release. Releases over more than a 24-hour period are not single releases, i.e., the release of a chemical substance equal to or greater than an RQ must be reported as a separate release for each 24-hour period the release exceeds the RQ.

For questions 10.25-10.35, answer the questions for each release identified in question 10.23. Photocopy these questions and complete them separately for each release.

PART A GENERAL INFORMATION

10.01 Where is your facility located? Circle all appropriate responses.

CBI

- ☐ Industrial area ①
- Urban area 2
- Residential area 3
- Agricultural area 4
- Rural area 5
- Adjacent to a park or a recreational area 6
- Within 1 mile of a navigable waterway ⑦
- Within 1 mile of a school, university, hospital, or nursing home facility ⑧
- Within 1 mile of a non-navigable waterway 9
- Other (specify) _____ 10

☐ Mark (X) this box if you attach a continuation sheet.

10.02 Specify the exact location of your facility (from central point where process unit is located) in terms of latitude and longitude or Universal Transverse Mercader (UTM) coordinates.

Latitude 39 ° 14 ' 18 "

Longitude 76 ° 34 ' 23 "

UTM coordinates Zone _____, Northing _____, Easting _____

10.03 If you monitor meteorological conditions in the vicinity of your facility, provide the following information.

Response not required for TDF
Average annual precipitation _____ inches/year

Predominant wind direction _____

10.04 Indicate the depth to groundwater below your facility.

Response not required for TDF.
Depth to groundwater _____ meters

10.05 For each on-site activity listed, indicate (Y/N/NA) all routine releases of the listed substance to the environment. (Refer to the instructions for a definition of Y, N, and NA.)

CBI

☐

On-Site Activity

Environmental Release

| | Air | Water | Land |
|-----------------------------|-----------|-----------|-----------|
| Manufacturing | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| Importing | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| Processing | <u>Y</u> | <u>N</u> | <u>N</u> |
| Otherwise used | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| Product or residual storage | <u>Y</u> | <u>N</u> | <u>N</u> |
| Disposal | <u>NA</u> | <u>NA</u> | <u>NA</u> |
| Transport | <u>NA</u> | <u>NA</u> | <u>NA</u> |

☐ Mark (X) this box if you attach a continuation sheet.

10.06 Provide the following information for the listed substance and specify the level of precision for each item. (Refer to the instructions for further explanation and an example.)

CBI

☐

| | | |
|---|------------|----------------------|
| Quantity discharged to the air | <u>0.2</u> | kg/yr ± <u>100</u> % |
| Quantity discharged in wastewaters | <u>0</u> | kg/yr ± ____ % |
| Quantity managed as other waste in on-site treatment, storage, or disposal units | <u>0</u> | kg/yr ± ____ % |
| Quantity managed as other waste in off-site treatment, storage, or disposal units | <u>0</u> | kg/yr ± ____ % |

☐ Mark (X) this box if you attach a continuation sheet.

10.08 Describe the control technologies used to minimize release of the listed substance for each process stream containing the listed substance as identified in your process block or residual treatment block flow diagram(s). Photocopy this question and complete it separately for each process type.

CBI

☐

Process type

Rubber Mat

| <u>Stream ID Code</u> | <u>Control Technology</u> | <u>Percent Efficiency</u> |
|-----------------------|---------------------------|---------------------------|
| <u>D</u> | <u>none</u> | |
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Mark (X) this box if you attach a continuation sheet.

PART B RELEASE TO AIR

10.09 Point Source Emissions -- Identify each emission point source containing the listed substance in terms of a Stream ID Code as identified in your process block or residual treatment block flow diagram(s), and provide a description of each point source. Do not include raw material and product storage vents, or fugitive emission sources (e.g., equipment leaks). Photocopy this question and complete it separately for each process type.

Process type Rubber Mat

Point Source
ID Code

Description of Emission Point Source

1

(D+E)

Evaporation from mixing vessel and application

☐ Mark (X) this box if you attach a continuation sheet.

☐ Mark (X) this box if you attach a continuation sheet.

10.10 Emission Characteristics -- Characterize the emissions for each Point Source ID Code identified in question 10.09 by completing the following table.

CBI

| <input type="checkbox"/> Point Source ID Code | Physical State ¹ | Average Emissions (kg/day) | Frequency ² (days/yr) | Duration ³ (min/day) | Average Emission Factor ⁴ | Maximum Emission Rate (kg/min) | Maximum Emission Rate Frequency (events/yr) | Maximum Emission Rate Duration (min/event) |
|---|-----------------------------|----------------------------|----------------------------------|---------------------------------|--------------------------------------|--------------------------------|---|--|
| 1 | V | 0.002 | 100 | 90 | 0.00001 | NA | NA | NA |
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¹Use the following codes to designate physical state at the point of release:
G = Gas; V = Vapor; P = Particulate; A = Aerosol; O = Other (specify) _____

²Frequency of emission at any level of emission

³Duration of emission at any level of emission

⁴Average Emission Factor — Provide estimated (\pm 25 percent) emission factor (kg of emission per kg of production of listed substance)

10.11 Stack Parameters -- Identify the stack parameters for each Point Source ID Code identified in question 10.09 by completing the following table.

CBI

☐

NA

| Point Source ID Code | Stack Height(m) | Stack Inner Diameter (at outlet) (m) | Exhaust Temperature (°C) | Emission Exit Velocity (m/sec) | Building Height(m) ¹ | Building Width(m) ² | Vent Type ³ |
|-------------------------------|--------------------|--|--------------------------------|---|------------------------------------|-----------------------------------|---------------------------|
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¹Height of attached or adjacent building

²Width of attached or adjacent building

³Use the following codes to designate vent type:

H = Horizontal

V = Vertical

☐ Mark (X) this box if you attach a continuation sheet.

10.12 If the listed substance is emitted in particulate form, indicate the particle size distribution for each Point Source ID Code identified in question 10.09. Photocopy this question and complete it separately for each emission point source.

CBI

☐

NA

Point source ID code

Size Range (microns)

Mass Fraction (% ± % precision)

< 1

≥ 1 to < 10

≥ 10 to < 30

≥ 30 to < 50

≥ 50 to < 100

≥ 100 to < 500

≥ 500

Total = 100%

☐ Mark (X) this box if you attach a continuation sheet.

PART C FUGITIVE EMISSIONS

10.13 Equipment Leaks -- Complete the following table by providing the number of equipment types listed which are exposed to the listed substance and which are in service according to the specified weight percent of the listed substance passing through the component. Do this for each process type identified in your process block or residual treatment block flow diagram(s). Do not include equipment types that are not exposed to the listed substance. If this is a batch or intermittently operated process, give an overall percentage of time per year that the process type is exposed to the listed substance. Photocopy this question and complete it separately for each process type.

CBI

☐ Process type Rubber Mat
 Percentage of time per year that the listed substance is exposed to this process type 100 %

NA

Number of Components in Service by Weight Percent
 of Listed Substance in Process Stream

| Equipment Type | Less than 5% | 5-10% | 11-25% | 26-75% | 76-99% | Greater than 99% |
|---|-----------------|-------|--------|--------|--------|---------------------|
| Pump seals ¹ | | | | | | |
| Packed | | | | | | |
| Mechanical | | | | | | |
| Double mechanical ² | | | | | | |
| Compressor seals ¹ | | | | | | |
| Flanges | | | | | | |
| Valves | | | | | | |
| Gas ³ | | | | | | |
| Liquid | | | | | | |
| Pressure relief devices ⁴ (Gas or vapor only) | | | | | | |
| Sample connections | | | | | | |
| Gas | | | | | | |
| Liquid | | | | | | |
| Open-ended lines ⁵ (e.g., purge, vent) | | | | | | |
| Gas | | | | | | |
| Liquid | | | | | | |

¹List the number of pump and compressor seals, rather than the number of pumps or compressors

10.13 continued on next page

☐ Mark (X) this box if you attach a continuation sheet.

10.13 (continued)

² If double mechanical seals are operated with the barrier (B) fluid at a pressure greater than the pump stuffing box pressure and/or equipped with a sensor (S) that will detect failure of the seal system, the barrier fluid system, or both, indicate with a "B" and/or an "S", respectively

³ Conditions existing in the valve during normal operation

⁴Report all pressure relief devices in service, including those equipped with control devices

⁵Lines closed during normal operation that would be used during maintenance operations

10.14 Pressure Relief Devices with Controls -- Complete the following table for those pressure relief devices identified in 10.13 to indicate which pressure relief devices in service are controlled. If a pressure relief device is not controlled, enter "None" under column c.

[]

[illegible]

¹Refer to the table in question 10.13 and record the percent range given under the heading entitled "Number of Components in Service by Weight Percent of Listed Substance" (e.g., <5%, 5-10%, 11-25%, etc.)

²The EPA assigns a control efficiency of 100 percent for equipment leaks controlled with rupture discs under normal operating conditions. The EPA assigns a control efficiency of 98 percent for emissions routed to a flare under normal operating conditions

☐ Mark (X) this box if you attach a continuation sheet.

10.15 Equipment Leak Detection -- If a formal leak detection and repair program is in place, complete the following table regarding those leak detection and repair procedures. Photocopy this question and complete it separately for each process type.

CBI

NA

☐

Process type

Rubber Mat

| Equipment Type | Leak Detection | Detection Device ¹ | Frequency of Leak Detection (per year) | Repairs Initiated (days after detection) | Repairs Completed (days after initiated) |
|---|--|-------------------------------|--|--|--|
| | Concentration (ppm or mg/m ³) Measured at _____ Inches from Source | | | | |
| Pump seals | | | | | |
| Packed | _____ | _____ | _____ | _____ | _____ |
| Mechanical | _____ | _____ | _____ | _____ | _____ |
| Double mechanical | _____ | _____ | _____ | _____ | _____ |
| Compressor seals | _____ | _____ | _____ | _____ | _____ |
| Flanges | _____ | _____ | _____ | _____ | _____ |
| Valves | | | | | |
| Gas | _____ | _____ | _____ | _____ | _____ |
| Liquid | _____ | _____ | _____ | _____ | _____ |
| Pressure relief devices (gas or vapor only) | _____ | _____ | _____ | _____ | _____ |
| Sample connections | | | | | |
| Gas | _____ | _____ | _____ | _____ | _____ |
| Liquid | _____ | _____ | _____ | _____ | _____ |
| Open-ended lines | | | | | |
| Gas | _____ | _____ | _____ | _____ | _____ |
| Liquid | _____ | _____ | _____ | _____ | _____ |

¹Use the following codes to designate detection device:

POVA = Portable organic vapor analyzer

FPM = Fixed point monitoring

0 = Other (specify) _____

☐

Mark (X) this box if you attach a continuation sheet.

☐ Mark (X) this box if you attach a continuation sheet.

120

- 10.16 Raw Material, Intermediate and Product Storage Emissions - - Complete the following table by providing the information on each liquid raw material, intermediate, and product storage vessel containing the listed substance as identified in your process block or residual treatment block flow diagram(s). *NA*

CBI

☐

| Vessel Type ¹ | Floating Roof ² Seals ² | Composition of Stored Materials ³ | Throughput (liters per year) | Vessel Filling Rate | Vessel Filling Duration | Vessel Inner Diameter | Vessel Height | Operating Vessel Volume | Vessel Emission Controls ⁴ | Design Flow Rate ⁵ | Vent Diameter | Control Efficiency | Basis for Estimate ⁶ |
|--------------------------|---|--|------------------------------|---------------------|-------------------------|-----------------------|---------------|-------------------------|---------------------------------------|-------------------------------|---------------|--------------------|---------------------------------|
| | | | | (gpm) | (min) | (m) | (m) | (l) | | | (cm) | (%) | |
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¹Use the following codes to designate vessel type:

F = Fixed roof
 CIF = Contact internal floating roof
 NCIF = Noncontact internal floating roof
 EFR = External floating roof
 P = Pressure vessel (indicate pressure rating)
 H = Horizontal
 U = Underground

²Use the following codes to designate floating roof seals:

MS1 = Mechanical shoe, primary
 MS2 = Shoe-mounted secondary
 MS2R = Rim-mounted, secondary
 LM1 = Liquid-mounted resilient filled seal, primary
 LM2 = Rim-mounted shield
 LMW = Weather shield
 VM1 = Vapor mounted resilient filled seal, primary
 VM2 = Rim-mounted secondary
 VMW = Weather shield

³Indicate weight percent of the listed substance. Include the total volatile organic content in parenthesis

⁴Other than floating roofs

⁵Gas/vapor flow rate the emission control device was designed to handle (specify flow rate units)

⁶Use the following codes to designate basis for estimate of control efficiency:

C = Calculations
 S = Sampling

PART E NON-ROUTINE RELEASES

10.23 Indicate the date and time when the release occurred and when the release ceased or was stopped. If there were more than six releases, attach a continuation sheet and list all releases. *NA*

| Release | Date Started | Time (am/pm) | Date Stopped | Time (am/pm) |
|---------|--------------|--------------|--------------|--------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

10.24 Specify the weather conditions at the time of each release.

Response not required for TDI.

| Release | Wind Speed (km/hr) | Wind Direction | Humidity (%) | Temperature (°C) | Precipitation (Y/N) |
|---------|--------------------|----------------|--------------|------------------|---------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
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| 6 | | | | | |

☐ Mark (X) this box if you attach a continuation sheet.

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18000008°

MOCA

02550

Material Safety Data Sheet

May be used to comply with
 OSHA's Hazard Communication Standard,
 29 CFR 1910.1200. Standard must be
 consulted for specific requirements.

U.S. Department of Labor
 Occupational Safety and Health Administration
 (Non-Mandatory Form)
 Form Approved
 OMB No. 1218-0072



IDENTITY (As Used on Label and List)

4,4'-METHYLENE BIS-(2-CHLOROANILINE)

BIS-AMINE A, MOCA, MBOCA, CA-800, CURENE 442

Section I

Manufacturer's Name

PALMER DAVIS SEIKA, INC. (IMPORTER)

Emergency Telephone Number

(516) 767-1927

Address (Number, Street, City, State, and ZIP Code)

12 IVY WAY (P.O. BOX 222)

Telephone Number for Information

(516) 883-2991

PORT WASHINGTON, NY 11050

Date Prepared

MAY 20, 1987

Signature of Preparer (optional)

Thomas R. Davis

Section II — Hazardous Ingredients/Identity Information

Hazardous Components (Specific Chemical Identity; Common Name(s))

OSHA PEL

ACGIH TLV

Other Limits
Recommended

% (optional)

4,4'-METHYLENE BIS-(2-CHLOROANILINE)

NA 0.02 ppm (SKIN)

*

99.8%

BIS-AMINE A, MOCA, MBOCA, CA-800, CURENE-442, CURAMINE M ARE COMMON NAMES

CAS NUMBER IS 101-14-4

BEFORE USING, CAREFULLY STUDY

BULLETINS ON CORRECT HANDLING

* IT IS RECOMMENDED THAT CONCENTRATION IN WORKER'S URINE NOT EXCEED 100 mg/L
 WHEN MEASURED IN SPECIMEN TAKEN NO LONGER THAN 3 HOURS AFTER END OF SHIFT

Section III — Physical/Chemical Characteristics

Boiling Point

NA

Specific Gravity (H₂O = 1)

AT 25 C.

1.44

Vapor Pressure (mm Hg.)

AT 120° C.

5.4x10⁻⁵

Melting Point

101° C.

Vapor Density (AIR = 1)

NA

Evaporation Rate

(Butyl Acetate = 1)

NA

Solubility in Water

VERY SLIGHT

Appearance and Odor

LIGHT YELLOW/TAN PELLETS, AROMATIC AMINE ODOR

Section IV — Fire and Explosion Hazard Data

Flash Point (Method Used)

249° C. (OPEN CUP)

Flammable Limits

NA

LEL

UEL

Extinguishing Media

FOAM, CO₂, WET SAND, STANDARD TYPES.

Special Fire Fighting Procedures

USE STANDARD PROCEDURES WITH PROTECTIVE EQUIPMENT SUCH AS AIR SUPPLY MASK.

AVOID BREATHING FUMES OR VAPOR. AVOID SKIN CONTACT.

Unusual Fire and Explosion Hazards

DURING THERMAL DECOMPOSITION, TOXIC FUMES ARE GIVEN OFF

PRESSURE VESSELS MUST HAVE AUTOMATIC RELIEF VALVES.

(Reproduce locally)

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Section V — Reactivity Data

| | | | |
|-----------|----------|---|--|
| Stability | Unstable | | Conditions to Avoid WILL DECOMPOSE WHEN HEATED OVER 205° C. (400° F.) |
| | Stable | X | AVOID TEMPERATURES OVER 205° C. (400° F.) |

Incompatibility (Materials to Avoid)
MAXIMUM TEMPERATURE FOR PROCESSING SHOULD BE NO GREATER THAN 140° C. (285° F.)

Hazardous Decomposition or Byproducts

MISC. NITROGEN, AROMATIC & CHLORINATED FRAGMENTS, O-CHLOROANILINE (CONS. TOXIC)

| | | | |
|--------------------------|----------------|---|--|
| Hazardous Polymerization | May Occur | | Conditions to Avoid EXCESS TEMPERATURE. USE "FAIL SAFE" TEMPERATURE CONTROL |
| | Will Not Occur | X | IN MELTING VESSELS. EXPLOSION HAZARD IS POSSIBLE IN |

Section VI — Health Hazard Data

Routes of Entry: Inhalation? Skin? Ingestion?
CLOSED CONTAINERS DURING THERMAL BREAKDOWN.
AVOID BREATHING DUST OR VAPOR. AVOID SKIN CONTACT. AVOID INGESTION WITH FOOD.

Health Hazards (Acute and Chronic)

NO DUST ALLOWED. MAY BE HARMFUL IF ABSORBED THRU SKIN OR INHALED. WHEN
PROCESSING LIQUID PREPOLYMERS, AVOID VAPORS FROM MOLTEN BIS-AMINE A.

MAY CAUSE CANCER BASED ON FEEDING STUDIES OF LABORATORY ANIMALS.

Carcinogenicity: NTP? IARC Monographs? OSHA Regulated?
IT IS A DESIGNATED CARCINOGEN ON THE NTP AND IARC LISTS.

BASED ON FEEDING STUDIES ON 3 SPECIES OF LABORATORY ANIMALS

Signs and Symptoms of Exposure

IF MOLTEN BIS-AMINE A IS SPILLED ON SKIN, IT WILL SOLIDIFY QUICKLY AND CAN
BE SCRAPED OFF. THEN WASH WITH SOAP & WATER AND TREAT FOR BURNS.

Medical Conditions

Generally Aggravated by Exposure CYANOSIS AND SYMPTOMS OF OXYGEN DEFICIENCY SUCH AS HEAD-
ACHES AND WEAKNESS MAY OCCUR AFTER HEAVY EXPOSURE. FOR SKIN CONTACT: WASH

Emergency and First Aid Procedures

THOROUGHLY WITH SOAP AND WATER. FOR EYES: FLUSH WITH PLENTY OF WATER FOR 15
MINUTES. CALL PHYSICIAN FOR EYE EXPOSURE AND IF SWALLOWED.

Section VII — Precautions for Safe Handling and Use

Steps to Be Taken in Case Material is Released or Spilled

IF MOLTEN (105-120° C.), CLEAR THE AREA AND ALLOW TO COOL. THE SOLIDIFIED
MATERIAL CAN BE SCRAPED UP AND COLLECTED. APPLY WATER MIST OR WET SAND
WHEN SWEEPING UP TO MINIMIZE DUST.

Waste Disposal Method

DISPOSE OF WASTE MATERIAL IN CLOSED CONTAINERS ACCORDING TO FEDERAL, STATE
AND LOCAL REGULATIONS.

Precautions to Be Taken in Handling and Storing

STORAGE STABILITY IS EXCELLENT. NO SPECIAL TRANSPORTATION REQUIREMENTS ARE
NECESSARY WHEN KEPT IN SHIPPING CONTAINERS. MATERIAL IS HYDROSCOPIC. KEEP
CLOSED AFTER USING. AVOID TEMPERATURES OVER 140° C. MEDICAL SURVEILLANCE OF
EMPLOYEES ALONG CALIFORNIA OSHA STANDARDS IS STRONGLY ADVISED.

Section VIII — Control Measures

NIOSH APPROVED EQUIPMENT MUST BE USED.

Respiratory Protection (Specify Type)

AIR SUPPLIED FACE MASK, WHEN UNUSUAL EXPOSURE TO DUST & FUMES MIGHT OCCUR.

| | | | | |
|-------------|----------------------|---------------------------------------|---------|-------------------------------|
| Ventilation | Local Exhaust | 100 FT ³ /MINUTE (MINIMUM) | Special | KEEP FUMES FROM CONCENTRATING |
| | Mechanical (General) | | Other | IN OR CONTAMINATING THE AREA. |

Protective Gloves

NEOPRENE OR RUBBER GLOVES

Eye Protection

SAFETY GLASSES WITH SIDE PROTECTION

Other Protective Clothing or Equipment

DUST RESPIRATORS PLUS IMPERVIOUS CLOTHING, REMOVED IN PLANT AND WASHED IN

Work Hygiene Practices

BLEACH EACH DAY. A SEPARATE WORK AREA SHOULD BE MARKED AND MAINTAINED.

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UNIROYAL

02540
Material Safety Data SheetUniroyal Chemical Company, Inc.
World Headquarters
Middlebury, CT 06749UNIROYAL Emergency Phone: (203) 723-3670
CHEMTREC Transportation Emergency Phone: 1-800-424-9300
SAFETY DATA Information (203) 573-3303MSDS No. V766005Date Issued: 10/25/85**IDENTIFICATION**Trade Name: VIBRATHANE® 6005CAS Number: NAChemical Name: Reaction product of a polyester
with toluene diisocyanate (TDI)Chemical Family: Polyurethane**SPECIAL REGULATORY HAZARDS**IngredientCAS No.Exposure LimitOSHA (1910.1200)EEC*

TDI

584-84-9

.005 ppm
(ACGIH)Irritant
SensitizerIrritant
Sensitizer

Hazard assessment based on available data.

Transportation: NA**PHYSICAL DATA**Appearance and Odor: Viscous liquid to a white, waxy solid; slight odorSolubility: Reacts in water, soluble in
THF, DMF or methylene chlorideMelting Point: NDBoiling Point: NDOther Data: Solidification Point: < 90°F (22°C)
Reactive Isocyanate (NCO): 2.4 - 9.3Specific Gravity (H₂O = 1): 1.15 - 1.22Vapor Pressure @ 20°C: NDVapor Density (Air = 1): NDVolatility @ 70°F: Low**FIRE AND EXPLOSION HAZARD DATA**Flash Point: > 400°F (204°C) CCAutoignition Temp: NDExtinguishing Media: Water spray, dry chemicalFlammable Limits: NDSpecial Fire Fighting Procedures: Protect against inhalation of cyanate vapors and other decomposition/combustion products.Unusual Hazards: None identified.**REACTIVITY DATA**Stability: Stable at ambient temperatures and pressures.Incompatibility: Avoid contamination with water, solvents and any foreign matter.Decomposition Products: High temperatures will release cyanates and hydrocarbons. Oxides of carbon, nitrogen and small amount of HCN under burning conditions.

NA = Not Applicable

ND = Not Determined

*European Economic Community

Uniroyal makes no representation or warranty with respect to the information in this Material Safety Data Sheet. The information is however, as of this date provided, true and accurate to the best of Uniroyal's knowledge. This list of information is not intended to be all inclusive. Actual conditions of use and handling may require considerations of information other than, or in addition to, that which is provided herein.

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SPECIAL PROTECTION INFORMATION

Engineering Controls: Local exhaust ventilation strongly recommended.

Personal Protection Equipment: Impervious gloves and goggles should be worn. Avoid breathing vapors. In the absence of good ventilation, under emergency situations or for high concentrations, self-contained or air-supplied respiratory protection is recommended.

STORAGE, SPILLS AND DISPOSAL INFORMATION

Storage: Store away from sources of direct heat and moisture. Seal containers with a dry nitrogen blanket and keep closed when not in use. Moisture contamination will evolve CO₂ and create pressure in closed systems.

Spills: Absorb on inert carrier. Transfer to open containers outside or in well-ventilated area. Soak with dilute ammonia hydroxide or water alcohol mixture. Allow time for reaction to be complete before disposal.
Reportable Quantity - 100 lbs. (TDI)

Disposal: In accordance with any applicable local, state, or federal regulation regarding polymeric waste.

Environmental Information: Environmental effects have not been determined.

HEALTH RELATED DATA

Specific Hazard(s): Contact with eyes and skin may cause irritation. Repeated, minimal contact with skin may cause sensitization. Exposure to vapor can cause irritation to eyes, lungs and mucous membranes. Repeated inhalation of minimal amounts of vapor can cause respiratory sensitization and asthma.

Primary Route(s) of Entry: Inhalation, skin absorption.

First Aid Procedures: **Eye contact:** Flush with water for 15 minutes. Get medical attention.

Skin contact: Wipe excess. Wash with rubbing alcohol, if available, followed by soap and water. Discard shoes if contaminated.

Inhalation: Remove to fresh air. **Physician** - treat for potential respiratory irritation.

Toxicology Information:

There is no acute toxicology data on this material, however, residual TDI (0.02 - 4.0%) does possess irritancy and sensitization potential.

The following chronic toxicology information is for TDI:

TDI was found to be carcinogenic in mice and rats by gavage in corn oil in a recently published NCI bioassay. 6-hr. daily inhalation exposures to rats and mice of 0.05 and 0.15 ppm TDI for 2 years did not produce an increased tumor incidence.

Based upon the usual route of human TDI exposure, i.e., inhalation, the carcinogenic potential of TDI to humans has not been determined.

UNIROYAL**Material Safety Data Sheet**

Uniroyal Chemical Company, Inc. UNIROYAL Emergency Phone: (203) 723-3870
 World Headquarters CHEMTREC Transportation Emergency Phone: 1-800-424-9300
 Middlebury, CT 06749 SAFETY DATA Information (203) 573-3303

MSDS No. V762003Date Issued: 10/25/85**IDENTIFICATION**Trade Name: VIBRATHANE® B-602

CAS Number: NA

Chemical Name: Reaction product of a polyether
with toluene diisocyanate (TDI)

Chemical Family: Polyurethane

SPECIAL REGULATORY HAZARDS

| <u>Ingredient</u> | <u>CAS No.</u> | <u>Exposure Limit</u> | <u>OSHA (1910.1200)</u> | <u>EEC*</u> |
|-------------------|----------------|-----------------------|-------------------------|------------------------|
| TDI | 584-84-9 | .005 ppm (ACGIH) | Irritant Sensitizer | Irritant Sensitizer |

Hazard assessment based on available data.

Transportation: NA

PHYSICAL DATA

Appearance and Odor: Viscous liquid; slight odor

Solubility: Reacts in water, soluble in
THF, DMF or methylene chloride

Melting Point: ND

Boiling Point: ND

Other Data: Solidification Point: < 60°F (16°C)
Reactive Isocyanate (NCO): 2.8 - 12.45Specific Gravity (H₂O = 1): 1.02 - 1.11

Vapor Pressure @ 20°C: ND

Vapor Density (Air = 1): ND

Volatility @ 70°F: Low

FIRE AND EXPLOSION HAZARD DATA

Flash Point: 400°F (204°C) CC

Autoignition Temp: ND

Extinguishing Media: Water spray, dry chemical

Flammable Limits: ND

Special Fire Fighting Procedures: Protect against inhalation of cyanate vapors and other decomposition/combustion products.

Unusual Hazards: None identified.

REACTIVITY DATA

Stability: Stable at ambient temperatures and pressures.

Incompatibility: Avoid contamination with water, solvents and any foreign matter.

Decomposition Products: High temperatures will release cyanates and hydrocarbons. Oxides of carbon, nitrogen and small amount of HCN under burning conditions.

NA = Not Applicable

ND = Not Determined

*European Economic Community

Uniroyal makes no representation or warranty with respect to the information in this Material Safety Data Sheet. The information is however, as of this date provided, true and accurate to the best of Uniroyal's knowledge. This list of information is not intended to be all inclusive. Actual conditions of use and handling may require considerations of information other than, or in addition to, that which is provided herein.

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SPECIAL PROTECTION INFORMATION

Engineering Controls: Local exhaust ventilation strongly recommended.

Personal Protection Equipment: Impervious gloves and goggles should be worn. Avoid breathing vapors. In the absence of good ventilation, under emergency situations or for high concentrations, self-contained or air-supplied respiratory protection is recommended.

STORAGE, SPILLS AND DISPOSAL INFORMATION

Storage: Store away from sources of direct heat and moisture. Seal containers with a dry nitrogen blanket and keep closed when not in use. Moisture contamination will evolve CO₂ and create pressure in closed systems.

Spills: Absorb on inert carrier. Transfer to open containers outside or in well-ventilated area. Soak with dilute ammonia hydroxide or water alcohol mixture. Allow time for reaction to be complete before disposal.
Reportable Quantity - 100 lbs. (TDI)

Disposal: In accordance with any applicable local, state, or federal regulation regarding polymeric waste.

Environmental Information: Environmental effects have not been determined.

HEALTH RELATED DATA

Specific Hazard(s): Contact with eyes and skin may cause irritation. Repeated, minimal contact with skin may cause sensitization. Exposure to vapor can cause irritation to eyes, lungs and mucous membranes. Repeated inhalation of minimal amounts of vapor can cause respiratory sensitization and asthma.

Primary Route(s) of Entry: Inhalation, skin absorption.

First Aid Procedures: **Eye contact:** Flush with water for 15 minutes. Get medical attention.

Skin contact: Wipe excess. Wash with rubbing alcohol, if available, followed by soap and water. Discard shoes if contaminated.

Inhalation: Remove to fresh air. **Physician -** treat for potential respiratory irritation.

Toxicology Information:

There is no acute toxicology data on this material, however, residual TDI (0.02 - 4.0%) does possess irritancy and sensitization potential.

The following chronic toxicology information is for TDI:

TDI was found to be carcinogenic in mice and rats by gavage in corn oil in a recently published NCI bioassay. 6-hr. daily inhalation exposures to rats and mice of 0.05 and 0.15 ppm TDI for 2 years did not produce an increased tumor incidence.

Based upon the usual route of human TDI exposure, i.e., inhalation, the carcinogenic potential of TDI to humans has not been determined.